01261

1. PLACE OF DEATH b. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Who is state Marv]	b. COUN	itution: Residence before admission)
	(If outside corporate limits, write	c. LENGTH OF STAY IN 16			WICOMICO te RURAL ond give nearest town)
RURAL and give	Salisbury	C. LENGTH OF SIXT IN 18	X Salisi		is KOKAL Olid give lieuress lowers
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	R.D.# 3 (Dag	(sboro Road)	R.D.#	3	YES NO.
3. NAME OF DECEASED (Type or print)	ERNEST	LEE Al	OKINS Losi	Of	Month Day Yeor NUARY 24th 19 62
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (tri ye last bir do	
Male	White wipov	WED DIVORCED	October 7,18	38 74	yrs. Months Days Hours Min.
100. USUAL OCCUPAT	orking life_even if retired) ~	b. KIND OF BUSINESS OR INDU	,		12. CITIZEN OF WHAT COUNTRY
	er- nouse con	struction		o Co.Maryl	and USA
13. FATHER'S NAME	1 121-4		14. MOTHER'S MAIDEN N		
	H. Adkins	COCIAL COCIEDTY NO. 12 M	Mary Ho		A J.J.
	[IF yes, give wor or dates of service]	6. SOCIAL SECURITY NO. WY	s Addie M. A. Salisbury,	dkins(Wife)°R.D.# 3
18. CAUSE OF DE	EATH [Enter only one couse per				INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmo	many Hemore	Luce	1 down
162.	DUE TO		1		,
Conditions, if		Carernon	ra of time !	Bronchioge	nei 6-mos +
gove rise to couse (p), stating			5	- /	
lying couse lost			<i>y</i>		
PART II. O'	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAI					YES NO
PART II. O' 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	ort I or Port II of item 18.)
\$ 20c. TIME OF INJU	JRY Month, Doy, Year 20d.		ACE OF INJURY (Home, form		(County) (State
20c. TIME OF INJU	TAT / A 10	le Not while	ctory, street, office bldg., etc.		N/A
,		nded the deceased fram	1/, 10	61 to dear	19, Ihat (I) (we) los
	ased alive an				and on the date stoted above
22o. SIGNATURE	used drive dri	A and that c	lean acurred also.	,M, from the couses	22b. DATE
	c - 12 1		M.D. PHYS.	RECTOR STAFF	Jan. /1962
22c. PHYSICIAN'S	The f		22d. ADDRESS		
NAME (Type)	Dr. Ernest W	Larmore	Delmar, 1	WXXX Delaw	are
23o. BURIAL, CREMATI	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, to	wn, or county) (Stole)
REMOVAL (Specif			Cemetery		ry, Maryland
24. FUNERAL DIRECTO		ADDRESS		D 8Y REGISTRAR 25b, R	EGISTRAR'S SIGNATURE
HOLLOWAY	& COMPANY S	ALISBURY, MAR	YLAND PAIN 3	0.762	
	-		MARS D	- Carl	must de l'india

VR A15 (4) 1SM 9/59

t min. The world yet the military and a second

82

TO HOSPITAT, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per may be relained by the hospital or attending physician.

TO FUNE! DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 2 tours after death. M I VR A15 (4) 15M 9/60

2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01279 CERTIFICATE OF DEATH

1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Re	esidence before edmission)
	e. COUNTY	o. STATE b. COUNTY	-cdra
-	WICO MICO MARYLAND b. CITY OR TOWN (if outside comprete limits, c. LENGTH OF STAY IN 1b)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
	write RURAL end give neerest town		
_	SALISBURY		23x.2
١.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
1	ENINSULA GENERAL HOSPITAL	K.F. D.L Bx. 40	YES NO
3.	NAME OF First Middle	Lest 4. DATE Month	Dey Yeer
	OF CEASED (Type or print) MAMIE E.	AMES DEATH JANUARY 11.	1962
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER)	
1	FEMALE NECRO WIDOWED DIVORCED	Dec. 24. 1891 70 yrs. Months	Peys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
00	one during most of working life, even if retired)	Viccinia 1	154
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.0,11
		The months of the same	_
_	George Garrison	Lonnie Davage	2
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 es, no. 0 unknown) (liyes give wer or detes of service)	INFORMANT Addres	1 0.1 11
1	110 -	ena Washington Kocomi	rke City. 11kg
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	114 114 1017 100017	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)		ONSET AND DEATH
	DUE TO	1	1. 1
	Conditions, if eny, which) (b) Clume Glim	2 lone shutis	5-6gears
	gave rise to immediate cause	Sec. 1	-,0
	(a), sleling the underlying DUE TO		
	ceuse lest. (c)		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PEREORMED?
CAT	Carcinopa of Thywood & bocal	meterstrais.	YES NO
CERTIF	206. ACCIDENT WAS UNDERTYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CATSE OF DEATH IIE EITHER, NOTIFY MEDICAL EXAMINED	, (Enter neture of injury in Pert I or Pert II of item 18.)	
3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, ' 20f. (City or town) (Cour	ity) (Stete)
MEDICAL	High atti	ory, street, office bldg., etc.)	
Z	p.m. 19 at work et work		
П	21. I certify that (I) (this hospital) attended the deceased from.	5 Sau 1962 10 // Jan 199	that (I) (we) last
	saw the deceased alive on 11 Jan 190 in, and that	death occured at a	ne date stated above.
П	22e. SIGNATURE	ATTENDED IN COLUMN	22b. DATE
П	Joseph C. Firewall,	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
1	22c. HYSICIAN'S	22d. ADDRESS	
ш	NAME (Type)		
- 22	BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or county) (State)
123	REMOVAL (Specify)	Com Vallas	1/0
	aurial 1-17-62 Na Ma	cerri. Keller	Y C ,
134	JUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	14
1/2	angul Laward New Churc	h, VQ, DATE JAR 1 1 02 COOM A.	/ 02-713

Tan State Dec 34,1891 70 Donesho Hoon Wife Virginia U.S.A. George Starrison Lonnie Swarges Lens Washington laconidatify Per English Text 62 hall till Com Killer I a would daning the Church Va .. In :

10	tem_20a	ON OF STATISTICA	MARYLAI L RESEARCH	ND STATE AND RECOR	DEPA	OI W. PRESTO			E 1, MARY	LAND	
		01280	TA	CERTIFICA	ATE	OF DEATH		2		(1)	263
should	1. PLACE OF I			-CES-0-4-	2	USUAL RESIDEN		ased lived, If in b, COUNT	V =		dmission
and 2 sand 2 sand 2 sand 2 sand 2 sand 2 sand 3 san		Wicomico	70 1 10	MARYLAN		Maryl			Wicom		
See an	write RUR Salis	OWN (if outside comporate lim AL end give neerest town)		ength of stay in 13 days	16	White H		ote limils, write i	KUKAL end give	nearest tow	rn)
8 to 91	d. NAME OF	HOSPITAL OR INSTITUTION	(if not in hospitel, g	give street eddress)		d. STREET ADDRESS		-	****	ON	A FARM
s. hou	Jee 3. NAME OF	er's Head Stat		A.L Middle		Lest	4. DATE	14 15	Day	YES	-
n 72	DECEASED (Type or print			A.	And	lerson	OF DEATH	Janua:		19	62
withi	5. SEX Male	6. COLOR OR RACE	7. MARKED	NEVER MARRIED		ATE OF BIRTH 3/8	8/1878	AGE (In years I	F UNDER 1 YEAR	IF UNDER	
ent,	10a. USUAL OC	CUPATION (Give kind of wor	WIDOWED 10b. KIND O	DIVORCED F BUSINESS OR IND	USTRY	II. BIRTHPLACE (Cour	nty & State, or to	reign country)	112. CITIZEN C	F WHAT C	OUNTE
any e	done during mos	t of working life, even if retir	Gen,	Merchan	dio	Mary	land		14.	5.	
and in	13. FATHER'S N	AME	D. 1		14	MOTHER'S MAIDEN	NAME				
	15. WAS DECEA	SED EVER IN U.S. ARMED FO	RCES? 16. SOCI		17. INF	OBMANT,	1 1	Address	White	Wa	1/01
noval	No	wn) (If yes give war or dates of			Mrs	Esie	Ando	storn,	M	2	001
ermit.		OF DEATH [Enter only on DEATH WAS CAUSED BY:						,	QN.	ERVAL BET	DEATH
is in the second	491	IMMEDIATE CAUSE (a		nopne umon:	1a					days	
-tran		if eny, which \ (b		are of the	e rig	ht femur			2	mont	hs
buria al, cr		the underlying DUE TO									
the buri		OTHER SIGNIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BU	T NOT R	ELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	9. WAS A	UTOPS
80	САПС		-								NO [
for us	OR_CONTRI	ENT WAS UNDERLYING THE UTING TO CAUSE OF DEATH MEDICAL EXAMINER		HOW INJURY OCC	URED. (Er	iter neture of injury in	Part I or Pert II o	f ilem 18.)			
detached	20c. TIME O		WhileN	Y OCCURRED 20e	factory,	OF INJURY (Home, farr street, office bldg., etc	-)		(County)		(State)
Dept Dept		tify that (I) (this hosp	1 -1	10	Om			Jan. 16	19.04	* * * *	
hould	saw the c		m. 10	1902, and	that de	eath occured at	5 A.M.		nd on the d		, DATE
the 3 s		I.V.	Merlil	h.,	M.D.	PHYS.	MED.	PHYS.		1/16	5/62
ped /	22c. PHYSIC NAME	(Type) L. V. N	laldve, M.	. B.		Deer's He	ead Hosp	ital; S	alisbury	, Md.	
director, p	238, BURIAL, C		REOF 23c.	HAME OF CEMET	ERY OR	CREMATORY	23d, LOCAT	ION (City, town	or county)	(\$	fate)
4 \15 (4)		RECTOR'S SIGNATURE	1R.	ADDRESS A	MI	25a. RE	C'D BY REGISTR	1	STRAR'S SIGNA		
9/60	CUP	1 pony	NV	1 Para	00	DATE "	JAN 1 8 '62	- C	rehard & the	au A	

The state of the s a/Anab anger Str. Tu emerican le autorio municipali. 20 u souls 50 E +117 · professor that an entitle of Selver and the second of the second CUTTING SOLVEN SITTE

FOR STATE HEALTH DEPT TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any down is necessary, please ext., a the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund infector. Page 4 should be towarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 01281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY		a. STATE	b. COUNTY Wicomico
Wicomico	MARYLAND	Maryland	Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury	e. LENGTH OF STAY IN 16	2 Salisbury	a limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not In hose	ital, giva street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
D.O.A Pen Gen Hospit	al	711 E. Isa	
3. NAME OF First	Middle	Last 4. DATE	Month Day Year
(Type or print) CFD A NIT EV	TATIST	OF DEATH	7.1.1TV 1.DV 3.0 10.60
DIANLIST		CHUNDHO	JANUARY 12 19 62 GE (In years IIF UNDER 1 YEAR) IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED			GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Days Hours Min.
Male White WIDOWE	tend tell t	ر الالامراء المالك	4 yrs. 11 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stale or foreign country	12. CITIZEN OF WHAT COUNTRY?
	(Sawman)	Pa.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Barabas		Sophia Opusinsk	4
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		NFORMANT	Address
YES (Yes, no, or unkown) (Ifyesgivewerordatesofservice)	Mr	Mary Stanitski Street Chester, P	Sister)213 West 22nd
1 B. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c),	Street Chester, P	a. (TR-4-1259)
PART I. DEATH WAS CAUSED BY:		0000000	ONSET AND BLATH
IMMEDIATE CAUSE (a)	s come		Sucratur
DUE TO			
Conditions, if any, which (b)			
gave rise to immediate cause (a), stating the underlying DUE TO			
cause lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1(8) 19. WAS AUTOPSY
¥			PERFORMED?
20e. EXTERNAL CAUSE WAS 20b. DESCRI	BE HOW INJURY OCCURED. (E	nter nature of injury in Part I or Part II of Ite	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
0		CE OF INJURY (Home, farm, 20f. (City or ory, street, office bldg., etc.)	town) (County) (Stata)
Hour e.m. While at worl	1401 41 51410		
21. I certify that I took charge of the rem	ajus described above, he	ld an Autopsy , Inspection X	, Inquiry X, and in my opinion
death resulted from Natural causes 19.	Accident , Suici	de . Homicide . Undet	ermined manner
		CHIEF MEDICAL EXAMINER	□
ACTUAL Sand \	/	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Dr. Earl L. Roye	July -	DEPUTY MEDICAL EXAMINER	
I EMPLIFICATION OF	_		Jan. /5 /1962
NAME (Type) 407 Camden Ave	Salisbury I	Address (Street, city, town, or could CREMATORY 22d, LOCATION	Y (City, town, or country) (State)
REMOVAL (Specify)			
Burial Jan.16,1962	Parsons Cer	netery Salis	bury, Maryland
		-FAM = 0 too	
HOLLOWAY & COMPANY SA	LISBURY, MARY	CLAND DATE	artens & House

128313 In the second se Comme pulled a 10% 12 w'148 the first many to the late of the late of The particulation, the time Thereon Employee

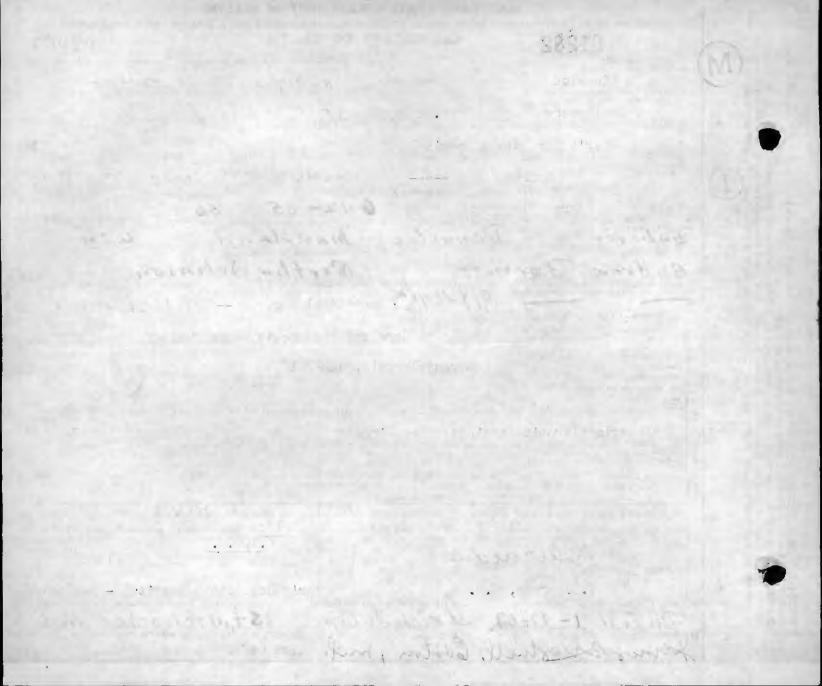
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01265

/ISION	OF STATISTICAL	L RESEARCH AND RECORDS,	. 301	W. PRESTON	STREET,	BAL.
	01282	CERTIFICATI	OF	DEATH		
	_04604					-

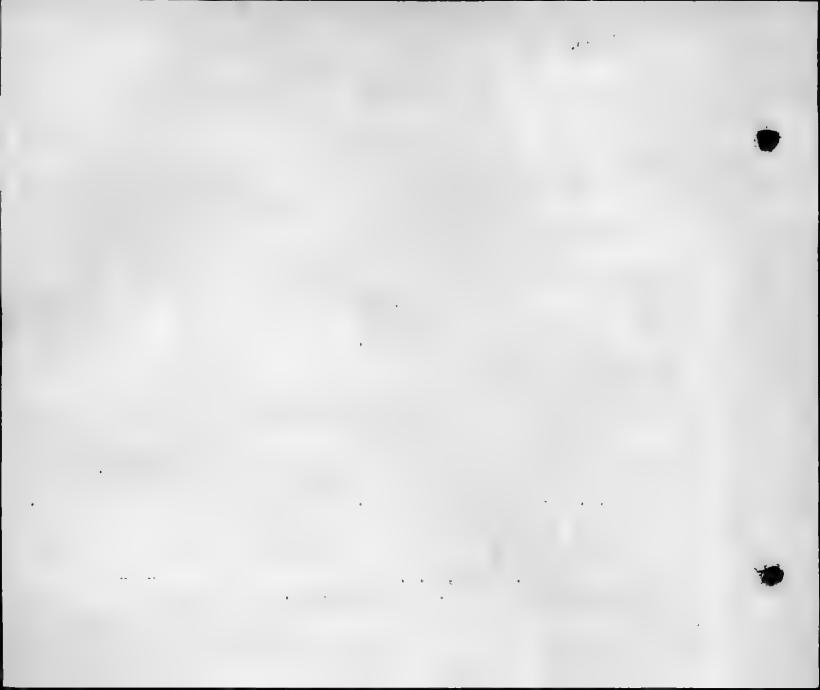
7	1. PLACE OF DEATH e. COUNTY			E (Where decessed lived, If i		ence before admission)
7	Wicomico	MARYLAND	MARY/A	b. COUN	tollo	+
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate limits, write	RURAL and giv	a nearest town)
-1	Salisbury	8Mos. 6 Days	5+ M.	62010	2	14.2
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	11 0 = 13	uh.	. IS RESIDENCE
	Deer's Head State	Hospital				YES NO NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month OF	De	y Yeer
N	(Type or print) Andrew	Th Th pa pa	Barnett	DEATH Janua	rv 13	19 62
4	5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 18.	DATE OF BIRTH	9. AGE (In years last birthdey)		
	Male Negro WIDOWE	D DIVORCED	1-12- 05	56 yrs.	Months Deys	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	y& Stete, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
1	LABOVEY V	omestic	MARYL	And	lu,s	, A,
1	13. FATHER'S NAME	,	14. MOTHER'S MAIDEN N	AME		
	Andrew Barne	++	Barthi	+ Johns	5.77	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
	(1765, 110, Or BILLOWIT) (11763 SITO MAI OF DATE OF THE OF	17-10-9863	Hospital Reco	ords Salisb	nrv. Ma	rvland
	18. CAUSE OF DEATH [Enfer only one cause per l		TOOP TOOL		11	NTERVAL BETWEEN
ч	PART I, DEATH WAS CAUSED BY,	ecurrent Coreb	rel Thrombosi	a w/anadminle		5 Months
	27 1	CONTINUE DOT OF	TAT THE ONID OPT	p M direct abre		2 110110112
	DUE TO	ntanianalamasi	Conomal			2
	gave rise to immediate cause	rteriosclerosi	s, deneral			
3	(e), steting the underlying DUETO				1	
	cause lest. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(e)	PERFORMED?
1	3 Arteriosclerotic Card	iovascular Dis	ease			YES NO
П	Arteriosclerotic Card 20%. Accident was underlying 20%. Des Operaributing 20%. Des Operarib	CRIBE HOW INJURY OCCURED	(Enter nature of injury in Pe	ert I or Part II of item 18.)		
П	0		CE OF INJURY (Home, ferm,	20f. (City or lown)	(County)	(State)
	Hour a.m. While	Link Attition	ory, street, office bldg., etc.)			
	21. I certify that (I) (this hospital) atten	dad the deceased from	5/8/67 1	9 10 1/13/6	2 10 .	that (1) (we) last
	saw the deceased alive on 1/13/6					
	22a. SIGNATURE	and mar	dealli decureo al Ma	ALCO AND	sild oil life	22b. DATE
	"Juerue	au. M	D. PHYS. DI	STAFF	1/1	3/62 SIGNED
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
	V. Juerman. M.	D	Deer's H	lead State Hos	pital -	Salisbury.
	238. BURIAL, CREMATION, 236. DATE THEREOF	23c. HAME OF CEMETERY		23d. LOCATION (City, tow		(State)
	ABCURIAL L- 17-62	St. michaels	Cen.	Stmich	acls	md.
	24 FUNERAL DIRECTOR'S SENATURE	ADDRESS	A 2Se. REC	D BY REGISTRAR 256. REG	STRAR'S SIGN	ATURE #
	James Somell	Coston.	mods DATEAN	1 6 '62 Chris	ing S. Krai	1.4
	1	0.00				



1		II.	tems 18%2	as MARYE	AND ST	ATE DEPAR	TME	NT OF HEAL	LTH-BA	LTIMORE,	18	
FOR S			0					CERTIFICA			Reg. Dis	t. No.01268
HEALTH	DEPT.	1.	PLACE OF DEATH					2. USUAL RESIDENCE	E (Where decea	sed lived If institu	tion: Residen	ce before odmission)
Page illes.	1		o. COUNTY	licomico		MARY	(LAND	O. STATE MA	rvland	b. COUNT	W	icomico
The second	M	1	. CITY OR TOWN ("	dulside corporate lim to write	FURAL	c. LENGTH OF STAY	IN 15			porote limits, write		ARTHUR DE ME ME AND AND AND ADDRESS OF THE PERSON NAMED IN
of for	AN	4	and give negres) town	Salisbury				X Sa	lisbur	77		
ard y				L OR INSTITUTION (f not in hospi	tol, give street addres	is}	d STREET ADDRES	The same open " " broken			Te IS RESIDENCE
5 -5	47			A. at P				R.I	D.# 3	Delmar I	Road	YES NO X
or die		3.	NAME OF DECEASED	Fire		Middle	-	Last	4. DATE	Month	-	Doy Year
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			DECEASED (Type or print)	MAR	Y VI	ERONICA	BAY		OF DEATH		JARY	23 19 62
유유		5. 3	EX	6. COLOR OR RACE			D □ 8.	DATE OF BIRTH		9 AGE (In years	IF UNDER 1	
Mental Marie			Female	White	WIDOWED			ay 12,190	00	fost birthday)	Months D	dys Hours Min.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		10a	USUAL OCCUPATIO	N (Give kind of work	done 10b Kih			Y 11. BIRTHPLACE (SI	lote or foreign i	7 " "	12 CITIZ	EN OF WHAT COUNTRY?
2. 8 8 7		Ľ		g life, even if retired). Work		77		Anh3 arr	Do	**		
- S S S S S S S S S S S S S S S S S S S	_	13	FATHER'S NAME	MOFK		None		Ashley MACHER'S MAIDE	N NAME			USA .
S D D D D D D D D D D D D D D D D D D D	(T)	Y	Bernar	d Kazaka	Tare.					usavage		
ve i	(1)		WAS DECEASED EVE	R IN U. S. ARMED FO		CIAL SECURITY NO.	.17 (N				11.0	
SE F		l) (Ye	NO NO	(If yes, give wor or dates of	service)		Pir,	Fartin Ka	assey(Brother,	#69	Fall St
00 F E E				H [Enter only one cou	ise per line fo	r (o), (b), and (c)]	1	TPUTC'A	a TECH	-	=	INTERVAL BETWEEN
ong per				H WAS CAUSED BY:	Δ.,	ute alcol	holi	e m				ONSET AND DEATH
E 0 E 0			22.5	IMMEDIATE CAUSE (6)	***	are areon	104.4	<u> </u>				hours
品品			Conditions, if or	() ()	C1	ronic Ala	naha	liem				HAARA
S C S			gove rise to immed	liole couse {		11 011110 1111	20110	T T 2)III				years
0.00			(e), stoling the u	nderlying								
B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	~	Z	PART II, OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	EN IN PART	I(o) 19. WAS AUTOPSY
end Sed sed		, ¥										PERFORMED?
4 2 8 5		IĔ	200 EXTERNAL CAU	SE WAS 20	b DESCRIBE I	OW INJURY OCCUR	RRED (En	ler noture of injury in	Part For Part II	of item 18.)		
Me de rioi		CERTIF	PRIMARY D or CON	IRIBUTING [
hou		3	20c. TIME OF INJUR	Y Month, Day, Yea	20d IN.	JURY OCCURRED 2	Oe. PLAC	OF INJURY (Home, f	orm, 20f. (Cil	y or town)	(Coun	ly) (Slote)
13 3 5 T		MEDICAL	Hour e.m.	19	While of work	Not while	factor	y, street, office bldg.	etc.)			
ritin da c		1		at I took charge			d abov	e, held on Auto	insv [X]	nspection [7].	Inquiry	[X], and in my
, D 22 E				resolved from: 1						Company of the Party of the Par	mined m	
3 2 C 8	•			6	0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J. 5010100 E.J.	Tomiciae	, Onderer	minec in	unner [_]
THE PARTY OF			ACTUAL SIGNATURE	en L	- VM	/		M.D. CHIEF MEDICAL	L EXAMINER	i		DATE SIGNED
, Congression				r.Earl L.	Rover	- X		ASSISTANT MED	DICAL EXAMINE	*		_/.
e A A			EXAMINER'S NAME (Type)	07 Camder	Ave.	Selisbur	237 M.	DEPUTY MEDIC	AL EXAMINER	$J \in$	muar	1962
cut Nagu		220	BURIAL CREMATIO	N. 226 DATE THEREC		C. NAME OF CEMETI			22d LOCA	TION (City, town, o	r county)	(Stote)
9 4 0			REMOVAL (Specify) Burial	Jan 25	1962	Wicomico	Ma	morial Po		elisbury	2.5	, ,
	8	23	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			EC'D BY REGIST		TRAR'S SIGN	
5. A15ME 5M 2/57	8-7	H	YAWOIIO	& COMPANY	SAT	JSBURY, M	IARY	LAND DATE	N 3 0 '62	1.1.1	of the	71.2 4
	J	-	mindle Address over the way					3 - 1 - JA	THE PLEASE		1 4 154	mas



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission . COUNTY e. STATE b. COUNTY files. Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest lown) Salisbury Showell d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g've street addrass) d. STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO NO retained ne State 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) Clifford DEATH Calvin 1-6-62 Bell 19 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 wif last birthday) Months (Days Hours WIDOWED I DIVORCED age 5 land 72 had 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) o, chani pages FATHER'S NAME MOTHER'S MA DEN NAME EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 1 17. (Yes, no, or unknown) (If yes give war or detex of service) 18. CAUSE OF DEATH |Enter only one cause par line for (a), (b), and (c) ONSET AND DEATH -PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Crushed chest. Sudden DUE TO burial OFF Conditions, if any, which 161 geve rise to immediate cause **DUE TO** (e), steting the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical should b NOTE MEDICAL EXAMINER: This 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) writing the e Chief Me Page 3 short PRIMARY AN OF CONTRIBUTING CAUSE OF DEATH. that ran off road and overturned. car 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While the state of the s 7 -16-6 W work al work 💢 prior Willards Wicomico 0,3 0 21. I certify that I took charge of the remains described above, held an Autopsy Inspection (Inquiry Y and in my opinion forwarded t death resulted from: A Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER e th designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE Royer 1-10-62 Ear M.D. DEPUTY MEDICAL EXAMINER [X] EXAMINER'S DEPU NAME (Type) Camden Salisbur Weddre Marget, city, town, or county) 228. BÜRIAL, CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOYALN Specify) 40 6 JUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/6D



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, if institution: Residence before admiss on) B. COUNTY b. COUNTY Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, e LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) Baltimore Salisbury 83 davs 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS Deer's Head State Hospital 31st and St. Paul completely papers. executed 3. NAME OF 4. DATE DECEASED (Type or print) Sara Howard Ber DEATH Jan. and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH lest birthdey) Months Female Whi te WIDOWED DE DIVORCED . 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Pennsvlvania Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John William Rombach 亩 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no. or unknwn) | (If yes give werer dates of sarvice) No Mr. John S. Rombach-Stevensville, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] þ PART I. DEATH WAS CAUSED BY: Broncho-pneumonia IMMEDIATE CAUSE (e) DUE TO Malignant tumor of right femoral bone (type to been be determined) with metastasis geve rise to immediate cause DUE TO (a), stating the underlying has causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01: 19. WAS AUTOPSY 2De. ACCIDENT WAS UNDERLYING IT 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm.) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, street, office bldg , etc] Not While Hour e.m. at work et work DIRECTOR: (this hospital) attended the deceased from NOV. 7. 1961, to. Jana 29...... 1962, that (I) (we) last 21. I certify that (I) saw the deceased alive on Jan. 29 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) V. Maldve. Deer's Head Hospital: Salisbury, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) D # B Burial Watsontown, Pa. Watsontown Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

. IS RESIDENCE ON A FARM?

YES NO

19 62

IF LINDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

davs

6 months

PERFORMED?

NO F

(Stata)

SIGNED

(State)

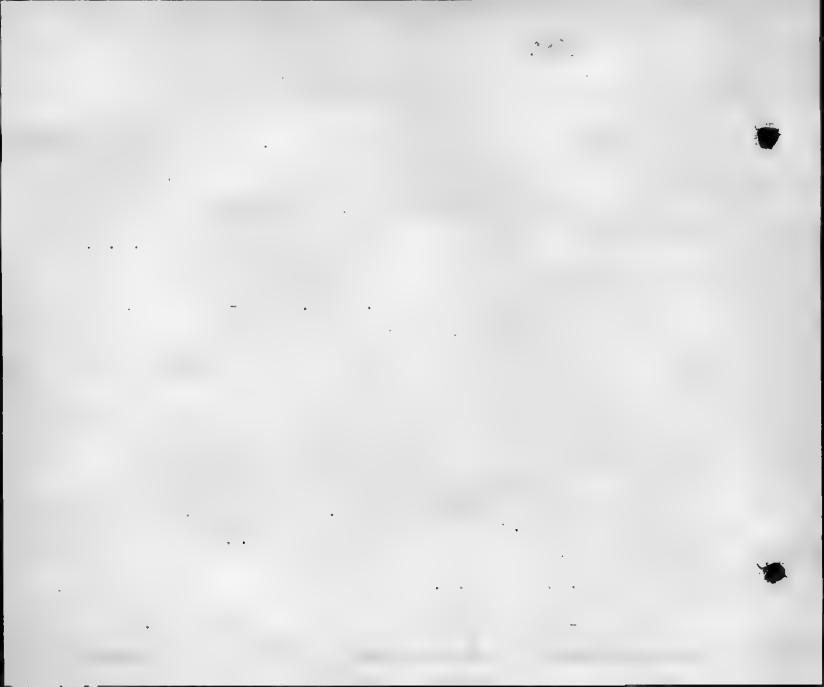
Days

(County)

S. Maria

Yası

VR A15 (4) 15M 9/60

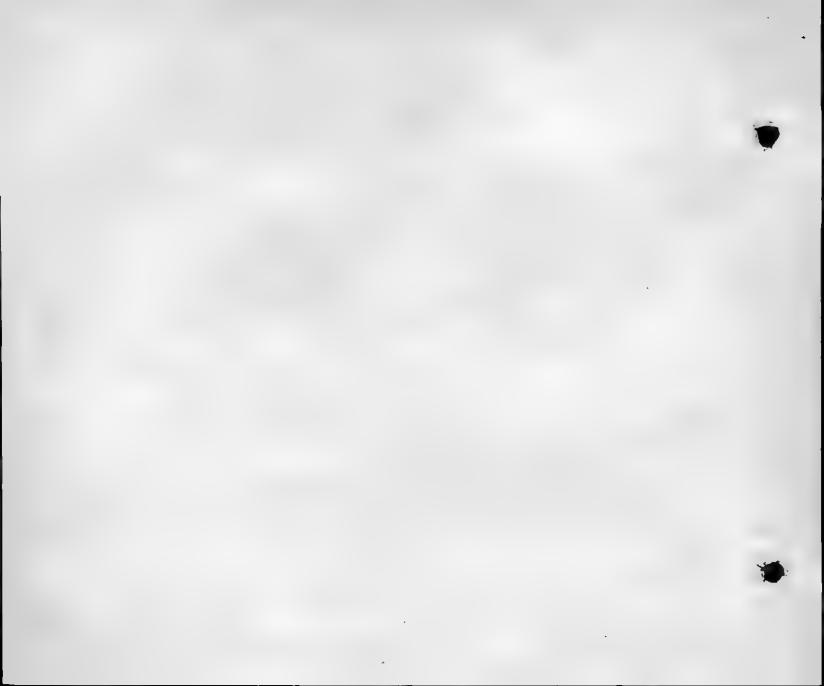


DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Items 5 & 6 Firm G30 USUAL RESIDENCE (Where decased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Wicomico Wicomico MARYLAND Maryland b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give pearast fown) Salisbury ,E *** Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give straet address d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X 1009 N. Divison St. Divison completely 3. NAME OF 4. DATE Month Year DECEASED OF Deafu nuary (Typa or print) Birckhead 6. COLOR OR R SC AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BRTH and o last birthday) | Months | Days Hours Female Colore WIDOWED X DIVORCED October 20, 1863 98 yrs. physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) House wife Maryland II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Elisha Ann Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addrass (Yes, no, or unkown) | (If yas give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (INTERVAL BETWEE has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. DUE TO affending Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause lest. After this certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 🔀 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm 20f. (City or town) (State) (County) factory, street, office bldg., atc.) Not While While at work at work may be retaine DIRECTOR: , 21. I certify that (I) (this hospital) attended the deceased from 1950 to 1950 to 1950 that (I) (we) last 22a, SIGNATURE ATTENDING MED. **STAFF** SIGNED DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) OF buria] Green acres 25a, REC'D BY REGIST 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



. 1			MARYLAND STATE DEPARTMENT OF HEALTH	
1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1) 97	1 1
ifer of the state	M)	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution; Rasidence before admiss	OH)
urs a fun 2 shs			MARYLAND B. STATE B. COUNTY OF STEEL	2 200
4 ho by th and death			b. CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town)	
din 2	2.3	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDER	NCE
With Page	ナスト	-F	M. NSaire GENERAL HOSCITAL REDAIL BOX 147 YES NO	M?
letel spers			NAME OF DECEASED Anoth Day Year	
comp comp sn pë			SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE IN YEAR IF UNDER 24 H	RS.
and and carbo		F	emale Negre WIDOWED DIVORCED May 29-1904 577753 Months Days Hours Mi	n.
ificati ician ician iove ever		10a do	. USUAL/OCCUPATION (Give fund of work lobe KIND OF BUSINESS OR INDUSTRY TO BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county) 12. CITIZEN OF WHAT COUNTY BIRTHPLACE (County & State, or toping county BIRTHPLACE	TRY?
physe rem		13.	FATHER'S NAME J OWN STORM SAME 14. MOTHER'S MAIDEN NAME)	
ding ding pleas nd			lealet Jaws mary Sturgis	
the aftern			WAS DESCASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INPORTUNITY Address Address Address Address	1
that in. the rit. Temo		~ ;	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e).]	4
ysicia yd by perm			PART I. DEATH WAS CAUSED BY: Respiratory Failure ONSET AND DEATH	I
v reg g ph signe ansit			Conditions, if any, which by Metustatic Case uno ma 2 1 HE	
endin been rial-tr			gave rise to immediata cause	
or ath has has be bu urial,	^		cause last. (c)	
ital clicate as the to be	C	VOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORMED YES [] NO	23
YSIC hosp certif r use prior		TIFICA	20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.)	
y the rathis and for any saleh		1. CE		1
DINC ed by After stack of He		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State Hour a.m. P. m 19 at work at work	,
retain OR: OB do		~	21. I certify that (I) (this hospital), attended the deceased from 1/16 1962 to 1/22, 1962, that (I) (we)	las
AT be LECT ould hate [saw the deceased alive on	
O may			22a. SIGNATURE AQVID ROWN M.D. M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	NED
Page vith	1		22c. PHYSICIAN'S NAME (Type) DAVID RAFAT MD 22d. ADDRESS SNOW HILL MD.	
HOSP oth P FUNE ector,		22	GURIAL, CREMATION, 239. DATE THEREO 220 NAME OF CONTERV OR CREMATORY 23d. (OCATION (City of n or county) (State)	7
Gest Gire dire		Z	MISICAL STAP 27/62 MM Mesley Snowtill, max	
VR A15 (4)	X	24	ADDRESS JAN 2 4 62 JAN 2 4 62	
10, 7,00	die	12	Willy of Ulimny Snow Delly In DATE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE W100 m100 mary Land (If outside corporate limits, write RURAL and give nearest town) MARYLAND Fe 2 by the and 2 death b. CITY OR TOWN (if outs'de corporate l'mits, c. LENGTH OF STAY IN 15 write RURAL and give regrest town) __ d. NAME OF HOSPITAL ORINSTITUTION (it not in hospital, give street address) . IS RES DENCE d. STREET ADDRESS ON A FARM? YES K NO completely NAME OF 4. DATE Month Last paper n 72 l DECEASED OF DEATH (Type or print) 19 within anwary 6. COLOR OR RACE 7. MARRIED IF UNDER 24 HRS. carbon AGE (In yeers | IF UNDER 1 YEAR DATE OF BIR pue arthday) Months Days Hours NEGRO DIVORCED WIDOWED V hysician OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) гөшо∨€ Life, even if retired) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIETO SECURITY NO. (Yes, no, or unkown) | (Il yes give war or dales of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gava rise to immadiate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VIa): 19. WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Stata) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from...19 (1) and that death occured at 12 JM, from the causes and on the date stated above. saw the deceased alive on.. 22b. DATE 22a. SIGNATURE 5.GNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNE director, be filed (State) 23d. LOCATION (City, town or county) 234 BURIAL, CREMATION, | 236. DATE THEREOF NAME OF CEMETERY OR CREMATOR 23c. OH 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATUR 24 FUNERAL VR A15 (4) arthur & Henry 15M 9/60



	MAKILAND STATE DEPARTMENT OF DEALTH DIVISION OF STATISTICAL DESFARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH
7	1. PLACE OF DEATH 12. USUAL RESIDENCE (Where decressed I ved, if Institution, Residence before admission)
	* STATE Delaware b. COUNTY SUXXEX
) -	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
/	write RURAL end give nearest town) Salisbury Selbyville 4(X)
6	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) d. STREET ADDRESS e. IS. RESIDEN ON A FARI
	Springhill Sanitarium RFD YESK NO[
	3. NAME OF Pirst Middle Last 4. DAIL Monin Dey 1ees.
	(Type or print) COTA M. JOUNTING DEATH Jan. 6 19 62
	3. 3. See Store of Act 7, Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Married Never Marrie
	Hemale White WIDOWED DIVORCED 7-3-1874 87 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or foreign country) 14. BIRTHPLACE (Country & State, or foreign country) 15. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF WHAT COU
\mathcal{I}	done during most of working life, even if retired)
	Housewife Own Home Maryland U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME U.S.A.
	William Collins Kathryn Hudson
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgivewerordelexofservice)
	xx xxxx Raynond Bunting Selbyville, Del.
	18. CAUSE OF DEATH (Enter only one couse per line for left (b), and (cf.) PART I. DEATH WAS CAUSED BY. ONST, AND DEAT ONST, AND DEAT
	IMMEDIATE CAUSE (a)
1	DUE TO
	Conditions, if any, thich (b)
	(a), slating the underlying DUE TO
,	TO THE PROPERTY OF THE PROPERT
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN TO AND THE PERFORME YES NO
	20a, ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert It of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, BUTHEY MEDICAL EXAMINER)
	Hour s.m. While Not While fectory, street, pffice bldg., etc.]
	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	726 0
	ATTENDING MED STAFF SI
	PHYSICIAN'S NAME (Type)
- 1	E. M. Beardsley M. D 20/ Maryland Ave., Salisbury,
	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stote)
0	REMOVAL (Specify) 1/9/62 Und Fellows Bishoville, Md. 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	24 FUNERAL DIRECTOR'S SIGNAPORE JABORESS 250 REC'D BY REGISTRAR'S SIGNATURE CARDING & Kranes
'	1. Mor remain or many acres rous, water



1	7		
,	1		
K	2		
	٦		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

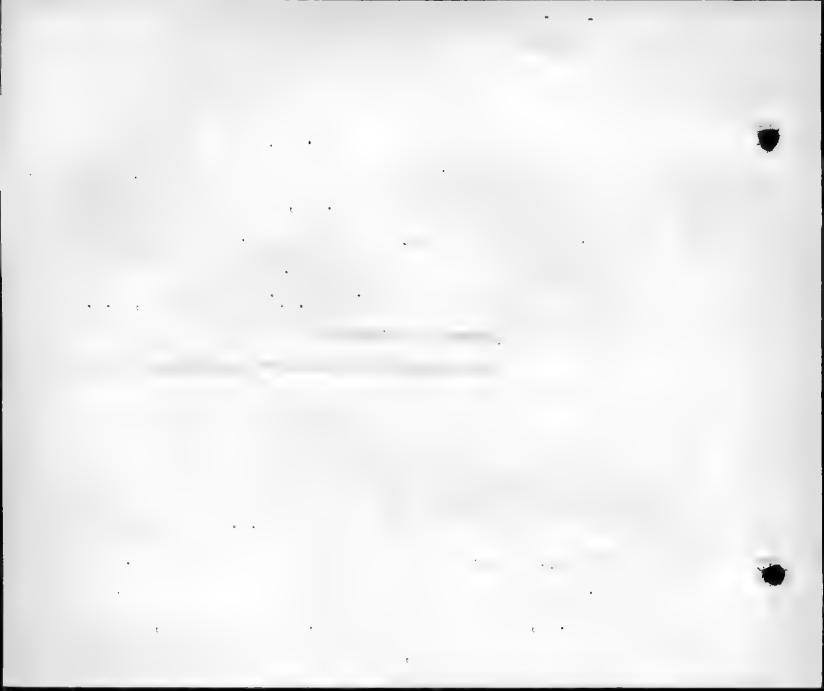
	DITIDION OF	SILIIBII CUP VESEVIVEIL VIAN	MECONDS - DATE
Tale of	298	CERTIFICATE	OF DEATH

(1)	ĭ	9	7	ij	
	-		- /	ne describe	=

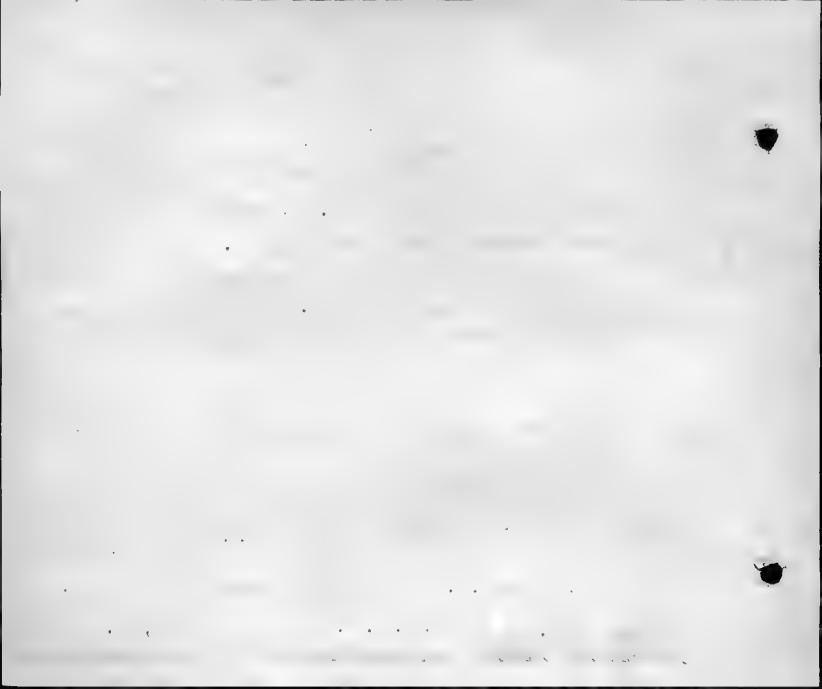
BETTYLENG WICOMICO SALISBURY MICOMICO SALISBURY MICOMICO SALISBURY MICOMICO SALISBURY MICOMICO SALISBURY MICOMICO MICOM	1 PLACE OF DEATH a. COUNTY			eased lived If institution. Residence	e before admission)
### SALISBURY d. NAME OF MOSPITAL (India in begind, give street oddress) J. SALISBURY d. STREET ADDRESS First Modifie First Middle CANNON BAAN OF MOSPITAL (India in begind) J. MARK OF MOSPITAL (India in	Wicomico	MARYLAND	Maryland	b. COUNTY Wice	omico
A NAME OF MOSPITAL (If no in hospital, give street oddress) OR INSTITUTION POT GEN HOSPITAL (If no inhospital) OR INSTITUTION POT GEN HOSPITAL (If no inhospital) I STREET ADDRESS OR INSTITUTION AND GEN HOSPITAL (If no inhospital) I STREET ADDRESS OR ARE OF MAKE (If years If Turk Middle LEMILE MALONE CANNON OR ARE OF MALONE OR AND OR BEAR JANUARY OR OR REACE (If years If Turk Middle MILONE CANNON OR OR REACE (If years If Turk Middle MILONE CANNON OR OR REACE (If years If Turk Middle MILONE CANNON OR OR REACE (If years If Turk Middle MILONE CANNON OR OR REACE (If years If Turk Middle MILONE CANNON OR OR REACE (If years If Turk Middle MILONE CANNON OR OR REACE (If years If Turk Middle MILONE CANNON OR OR OR REACE (If years If Turk Middle MILONE CANNON OR OR OR REACE (If years If Turk Middle MILONE CANNON OR OR OR REACE (If years If Turk Middle MILONE CANNON OR OR OR REACE (If years If Turk Middle MILONE CANNON IN MILONE C		te c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	carporate limits, write RURAL ond g	ive nearest lown)
ON INSTITUTION PART OF THE MANAGEMENT OF THE MARKET OF THE MALONE CANNON IN MALONE CANNON IS NOT SHARM FOR DECRASED OF THE MALONE CANNON IS SEX MALE ACCOURT OR RACE White Widow Market Decrease of the M	Salisbury		/ Salisbur	Y	
AMANG OF First Last Apart Last Apart Apa		eet oddress)	d. STREET ADDRESS		
Sample Companies Lemin L	Pen Gen Hospit	al	618 S.Di	vision St	
Type or print LEMILE NALONE CANNON DEATH AND ARY 16 19 62	3. NAME OF First	Middle	Last 4. D/	ATE Month	Day Year
Male White Widowed Novacco Sept. 11,1871 90 Briting Poys Hours Min.		MALONE	CANNON	ATH JANUARY	16 19 62
Towns Town	5 SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years IF UNDER	
Retired Rigger 1 13. FATHER'S MAME W1] 11 AMOTHER'S MAIDEN NAME W1] 12 AM	Male White wood	OWED TO DIVORCED	Sept. 11,1871	90 yrs. Months	Doys Hours Min.
13. FATHER'S NAME	10a. USUAL OCCUPATION (Give kind of work done 1	OB KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (State or fore	ign country) 12 CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO.	Retired Ripper	Construction	Wicomico Co	. Maryland	USA
13. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17.		T VALUE VA NO VA VA	·		
15. WAS DECEASEDETER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IV. INFORMANT IN THE PROPERTY OF THE PROPE	William Cannon		Mary E. Gask	ill	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under. Jying couse last. (c) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION COURSED PART II. OTHER SIGNIFICANT	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	FORMANT COMMENT	Address Address	DIOF Bonla
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under. Jying couse last. (c) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONTRIBUTION COURSED PART II. OTHER SIGNIFICANT		LIL	Place S.E. Wa	shington 21. I	2402 rarie
PART I. DEATH WAS CAUSED BY: DUE TO DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under lying couse last. (c) DUE TO Jying couse last. (d) DUE TO Jying couse last. (e) DUE TO Jying couse last. Jying couse la	18. CAUSE OF DEATH Enter only one couse pe	er_line for (o), (b), and (c).]			LIMITERAWE OF LAAFEIA
DUE TO Conditions, if any, which gove rise to immediate cause (s), stating the under lying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH I(I ETHER, NOTIFY MEDICAL EXAMINED) While Not white at work of work in the causes and on the dote stated above 27a. SIGNATURE 21. I certify that (I) (this hospital) attended the deceased from 19 , and that death accurred of 15 M. Phys Canaus Manual Phys Canaus Manua	PART I. DEATH WAS CAUSED BY	BILINAL CIRP	lyors-		ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED? YES ON ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING WAS AUTOPSY PERFORMED? YES NOW NOT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 200. TIME OF INJURY Manth, Doy, Year Hour a.m. p. m. 19 alway of the deceased from 19 ond that death accurred at 5 m. Manth of the causes and an the date stated above 220. SIGNATURE 21. I certify that (I) (this hospital) attended the deceased from 19 ond that death accurred at 5 m. MED PHYS CIAN'S NAME (Type) Dr. Gray Reeves M.D. ATTENDING MEDICAL EXAMINER DIRECTOR PHYS Jan. 18 /1962 220. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY SALISBURY, Maryland 220. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY SALISBURY, Maryland 221. SIGNATURE SURFAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY SALISBURY, Maryland 222. SIGNATURE Salisbury, Maryland					
gove rise to immediate cause (a), stating the under lying covise last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? PERFORMED? YES NO	Conditions, if any, which)	DOGNOCARCINA	MAL COMMON	BILE DICT	3 mas.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [d]: 19 WAS AUTOPSY PERFORMED? YES DOOR CONTRIBUTING COURSED VES DOOR COUNTY OF COURSED VES DOOR COUNTY OF CO	gove rise to immediate (THE CHILLIAN	NI US NI VIII	The same of	
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH N/A 20c. TIME OF INJURY Medical Examines 19	capsa fol' stating the hunder				
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH N/A 20c. TIME OF INJURY Medical Examines 19	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	I(a) 19 WAS AUTOPSY
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH N/A 20c. TIME OF INJURY Medical Examines 19	ATC.				
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While Not while of work 20d INJURY OCCURRED While of work 21. I certify that (I) (this hospital) attended the deceased fram 19 and that death accurred at 20m, from the causes and an the date stated abave 22d. SIGNATURE 22d. SIGNATURE 22d. SIGNATURE 22d. SIGNATURE 22d. DATE SIGNATURE 22d. DATE SIGNATURE 22d. DATE SIGNATURE 22d. ADDRESS NAME (Type) Dr. Gray Reeves Medical Center Salisbury, Maryland 23d BURIAL, CREMATION, 23d DATE THEREOF 23d NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) Removal (Specify) Jan. 19, 1962 Parsons Cemetery Salisbury, Maryland		DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I o	r Part II of item 18 }	
21. I certify that (i) (this hospital) attended the deceased fram saw the deceased alive an		N/A			
21. I certify that (i) (this hospital) attended the deceased fram saw the deceased alive an	5 20c. TIME OF INJURY Manth, Doy, Year 20		ACE OF INJURY (Hame, farm, 20f.	(City or town) (C	ounty) (State)
21. I certify that (i) (this hospital) attended the deceased fram saw the deceased alive an	Hour a.m. 19 at	une raoi wille	tiory, street, office blag., etc.)		
saw the deceased alive an		wark of work			
220. SIGNATURE 220. SIGNATURE M.D ATTENDING X MED DIRECTOR STAFF Jan. 18 /1962 221. PHYSICIAN'S NAME (Type) Dr. Gray Reeves Medical Center Salisbury, Maryland 230. Burial, Cremation, 23b Date Thereof Removal (Specify) Jan. 19, 1962 Parsons Cemetery Salisbury, Maryland 231. Society Salisbury, Maryland	21 I cortific that (I) (this hasnital) att		10	10	that (I) (wa) last
22c. Physician's NAME (Type) Dr. Gray Reeves Medical Center Salisbury, Maryland 23d BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Salisbury, Maryland 23d LOCATION (City, Town, or county) (State) REMOVAL (Specify) Jan. 19, 1962 Parsons Cemetery Salisbury, Maryland		ended the deceased fram .	2 * 11.5 0	IVI	111
22c. Physician's NAME (Type) Dr. Gray Reeves Medical Center Salisbury, Maryland 23d BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Salisbury, Maryland 23d LOCATION (City, Town, or county) (State) REMOVAL (Specify) Jan. 19, 1962 Parsons Cemetery Salisbury, Maryland	saw the deceased alive an	ended the deceased fram .	leath accurred at 45M, fi	IVI	date stated above
23d BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (State) Parsons Cemetery Salisbury, Maryland	saw the deceased alive an	ended the deceased fram.	leath accurred at 45M, fi	om the causes and an the	date stated above 22b, DATE SJGNED
23d BURIAL CREMATION, 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Yown, or county) (State) REMOVAL (Specify) Jan. 19, 1962 Parsons Cemetery Salisbury, Maryland	saw the deceased alive an	ended the deceased fram.	leath accurred 31, 45 M, fi	om the causes and an the	date stated above 22b, DATE SJGNED
Burial Jan. 19, 1962 Parsons Cemetery Salisbury, Maryland	saw the deceased alive an	ended the deceased from	M.D. PHYS MED DIRECTO	on the causes and an the	date stated above 22b. DATE SIGNED 18 /1962
	sow the deceased alive an	ended the deceased fram	Medical Cen	The causes and an the staff I Jan.	dote stated abave 22b. DATE 22b. DATE 18 /1962 Maryland
24 FOREKAL DIRECTOR 3 SIGNATURE ADDRESS [250, RECUSTRAR] 250, RECUSTRAR 3 SIGNATURE	sow the deceased alive an	ended the deceased from	Medical Cen	om the causes and an the staff Jan. ter Salisbury. OCATION (City, town, or caunty)	dote stated abave 22b. DATE SIGNED 18 /1962 Maryland (State)
HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE JAN 22'62 Coultury & House	sow the deceased alive an	ended the deceased from	Medical Cen	ter Salisbury, OCATION (City, town, or county) Salisbury, Mary	dote stated above 22b. DATE SIGNED 18 /1962 Marylond (State)



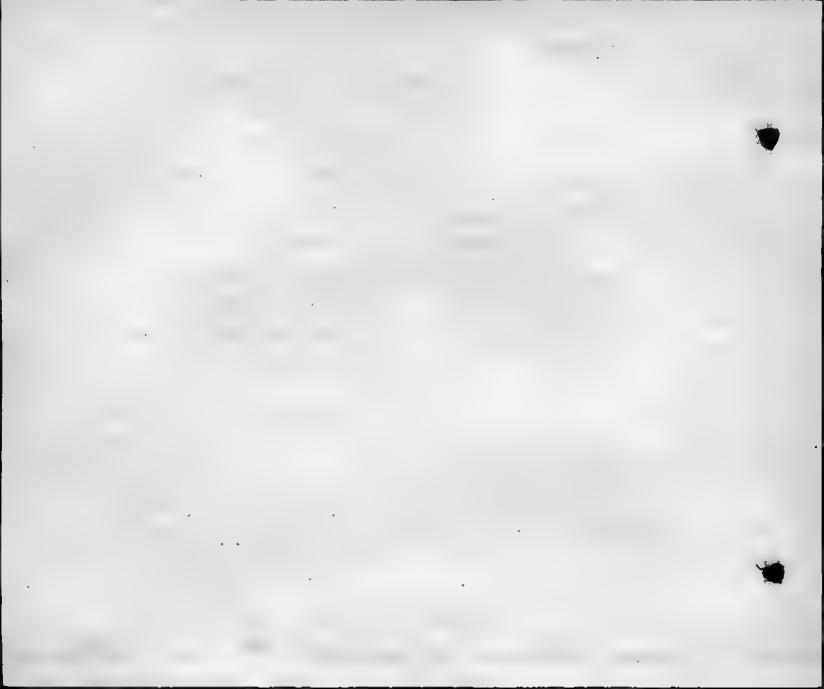
VR A15 (4) 15M 9/59



b. CITY OR TOWN Write RURAL at Salisbur d. NAME OF HOST Deer's NAME OF DECEASED (Type or print) SEX Male . USUAL OCCUPA ne during most of y FATHER'S NAME WAS DECEASED E is, no, or unkown) no 18. CAUSE OF PARY I. DEA	icomico (if outside corporate I d give nearest lown) y ITAL OR INSTITUTION Head Stat Wir 6. COLOR OR RA White TION (Give kind of working life, even if re ascomb C VER IN U.S. ARMED F (If yas give wer or detes) DEATH (Enter only of IH WAS CAJSED BY	N (if not in hospite Hospiirst ofield OF 7. MARRIED WIDOWED WIDOWED Torred ORCES? 16. 5 ofsorvice) 21 one cause per h	LENGTH OF ST 138 day of the control	JS dress) NIED 8. CED DR INDUSTRY DO 17. IN	c. CITY OR TO Prest d. STREET ADD Rt. Chambers DATE OF B.RTH Mar. 1' 11 BIRTHPLACE Carolin 14. MOTHER'S MA	Aryland WN (If outside co. CON RESS # 2 1. DATI OF DEAT 7. 1898 County & Stete, Ne Md Ida To	Mo H Ja 9 AGE (In year last birthdey 63/14) or fore an countr	nih nuary rs IF UNDER 1 Y Months Da	line give nearest to a. IS ON YES Dey 16 19 EAR IF UNDI ays Hours EN OF WHAT	RESIDENCE N A FARM NO POPULATION NO POPULATI
b. CITY OR TOWN Write RURAL at Salisbur d. NAME OF HOST Deer's NAME OF DECEASED (Type or print) SEX Male . USUAL OCCUPA ne during most of y FATHER'S NAME WAS DECEASED E is, no, or unkown) no 18. CAUSE OF PARY I. DEA	(if outside corporate I d give nearest lown) Y ITAL OR INSTITUTION Head Stat F. Wir 6. COLOR OR RA White TION (Give kind of working life, even if re ascomb VER IN U.S. ARMED F (If yasgivewer or detes) DEATH (Enter only of IH WAS CAJSED BY	N (if not in hospite Hospiirst ofield OF 7. MARRIED WIDOWED WIDOWED Torred ORCES? 16. 5 ofsorvice) 21 one cause per h	LENGTH OF ST 138 day of the control	YS dress NED 8. SED 0 OR INDUSTRY NO. 17. IN	c. CITY OR TO Prest d. STREET ADD Rt. Chambers DATE OF B.RTH Mar. 1' 11 BIRTHPLACE Carolin 14. MOTHER'S MA	WN (If outside co	Mo H Ja 9 AGE (In year last birthdey 63 Age or fore gn countr	nih nuary rs IF UNDER Y Months Da y) 12. CITIZI	on is on its or	RESIDENCE N A FARM NO TO THE POST OF THE P
Salisbunded in the second of t	Head Stat Head Stat Wir 6. COLOR OR RA White TION (Give kind of working life, even if re ascomb Ci VER IN U.S. ARMED F (If yasgive wer or detes) DEATH (Enter only of the WAS CAJSED BY	ret Hospi ret of eld CE 7. MARRIED WIDOWED WIDOWED TORCES? 16. S OF SOFTVICE) 21 One cause per h	Dewey Dewey DINE ER MARR DINST DIVORCE NO OF BUSINESS C S Lumb SOCIAL SECURITY	dress) SIED 8. CED DR INDUSTRY DO 17. IN	Chambers DATE OF BIRTH Mar. 1' BIRTHPLACE Carolit MOTHER'S MA	# 2 4. pati of DEAT 7. 1898 County & Stete, Md DEN NAME	9 AGE (In year last birthdey 63/04-or fore an countr	muary IF UNDER I YI Months Da 12. CITIZI U	The second of th	9 62 ER 24 HRS
Deer's NAME OF DECEASED (Type or print) SEX Male . USUAL OCCUPA ne during most of v PATHER'S NAME WAS DECEASED E is, no, or unkown) NO 18. CAUSE OF PARY I. DEA	Wir 6. COLOR OR RA White 100	ret Hospi ret of eld CE 7. MARRIED WIDOWED WIDOWED TORCES? 16. S OF SOFTVICE) 21 One cause per h	Dewey DINE ER MARR DIXTO DIVORCE NO OF BUSINESS C S Lumb SOCIAL SECURITY 3-16-82	NED 8. CED 0 RINDUSTRY DET 10. NO. 17. IN	Chambers DATE OF BIRTH Mar. 1' BIRTHPLACE Carolit 14. MOTHER'S MA	# 2 DEAT T, 1898 County & Stete, De Md JOHN NAME	9 AGE (In year last birthdey 63/04-or fore an countr	muary IF UNDER I YI Months Da 12. CITIZI U	The second of th	9 62 ER 24 HRS
MAME OF DECEASED (Type or print) SEX Male . USUAL OCCUPA ne during most of v FATHER'S NAME WAS DECEASED E is, no, or unkown) 18. CAUSE OF PARY I. DEA	Wire Wire White White TION (Give kind of working life, even if reasonb C) WER IN U.S. ARMED F (If yasgive wer or detes) DEATH (Enter only of the WAS CAJSED BY	of service) ORCES? ORCES? OF SERVICE) One cause per h	Dewey DE ER MARR DIXT DIVORCE NO OF BUSINESS C S Lumb SOCIAL SECURITY 3-16-82	CED 8. CED DR INDUSTRY DET	Chambers DATE OF BIRTH Mar. 1' BIRTHPLACE Carolin 14. MOTHER'S MA	7, 1898 County & Stete, De Md	9 AGE (In year last birthdey 63/04-or fore an countr	nuary IF UNDER 1 YI Months Da 12. CITIZI	Dey Year 16 19 19 19 19 19 19 19 19 19 19 19 19 19	9 62 ER 24 HRS
DECEASED (Type or print) SEX Male . USUAL OCCUPA ne during most of v FATHER'S NAME WAS DECEASED E is, no, or unkown) NO 18. CAUSE OF PARY I. DEA	Wire Wire White White TION (Give kind of working life, even if reason) Comb Comb Comb Comb Comb Comb Comb Comb	orkes? 16. Sofservice) 16. Sofservice) 21	Dewey DINE ER MARR DINX DIVORCE NO OF BUSINESS C S Lumb SOCIAL SECURITY 3-16-82	CED 8. CED DR INDUSTRY DET	Chambers DATE OF BIRTH MAR. 1' BIRTHPLACE Carolin 14. MOTHER'S MA	7, 1898 County & Stete, De Md	9 AGE (In year last birthdey 63/04-or fore an countr	nuary IF UNDER 1 YI Months Da 12. CITIZI	16 19 EAR IF UNDIGOTE THOUSE	9 62 ER 24 HRS
Male . USUAL OCCUPA ne during most of v B FATHER'S NAME WAS DECEASED E ss, no, or unkown) NO 18. CAUSE OF PART I. DEA	Mite TION (Give kind of working life, even if re ascomb C) VER IN U.S. ARMED F (If yasgivewer or detes) DEATH (Enter only of TH WAS CAJSED BY	ORCES? 16. 5 ORCES? 16. 5 Orces? 16. 5 Orces? 21 One cause per h	DINE ER MARR DIXTO DIVORCE ND OF BUSINESS C S Lumb SOCIAL SECURITY 3-16-82	CED 8. CED DR INDUSTRY DET	Mar. 1' BIRTHPLACE Caroli 14. MOTHER'S MA	7, 1898 County & Stete, ne Md JIDEN NAME	9 AGE (In year last birthdey 6.3 Add	rs IF UNDER 1 YI Months Da	EAR IF UNDI Bys Hours EN OF WHAT	ER 24 HRS
FATHER'S NAME WAS DECEASED E IS, no, or unkown) 18. CAUSE OF PART I. DEA	White TION (Give kind of working life, even if re ascomb C VER IN U.S. ARMED F (If yasgive wer or detes) DEATH (Enter only of TH WAS CAJSED BY	wipower 10b. Kill hamber 16. Sofservice) 21	DIXI DIVORCE ND OF BUSINESS C S Lumb SOCIAL SECURITY	DE INDUSTRY DET	Uaroli 14. MOTHER'S MA	County & State, ne Md Ida To	63 646 or fore an countr	12. CITIZI	EN OF WHAT	
FATHER'S NAME WAS DECEASED E IS, no, or unkown) NO 18. CAUSE OF PARY I. DEA	VER IN U.S. ARMED F (If yas give wer or detes)	hamber ORCES? 16. S ofservice) 21 one cause per h	S Lumb)er	Uaroli 14. MOTHER'S MA	County & State, ne Md Ida To	dd Addr	U;	S	COUNTR
WAS DECEASED E IS, no, or unkown) NO 18. CAUSE OF PART I. DEA	VER IN U.S. ARMED F	ORCES? 16. Sofsorvice) 21	social security	NO. 17. IN	NFORMANT	Ida To	dd-Addr	DSS		
IS, no, or unkown) NO IB. CAUSE OF PART I. DEA	(If yas give we ror detes DEATH (Enter only of TH WAS CAUSED BY	one cause per h	3-16-82				Addi	_		
IS, no, or unkown) NO IB. CAUSE OF PART I. DEA	(If yas give we ror detes DEATH (Enter only of TH WAS CAUSED BY	one cause per h	3-16-82					_		
PART I. DEA	TH WAS CAUSED BY	one cause per li	3-10-82	1QA		4 7		7		
PART I. DEA	TH WAS CAUSED BY			61	Mrs.	Audrey	Tee M	ebster	INTERVAL B	
	IMMEDIATE CAUSE	(e)	rcinoma o		lung			-	ONSET AND	DEATH PEARS
Conditions, if and geve rise to imme (a), stating the	diete ceuse	(b)								,
couse last.		(c)								
	ER SIGNIFICANT CON	. —			FRELATED TO THE T	ERMINAL DISEAS	E CONDITION O	GIVEN IN PART I	PER	FORMED?
	ephroscler				(Fater detuce of our	or in Part Lor Par	Lil of stam 19)	_	YES X	но [
OR CONTRIBUTIN	G 🔲 CAUSE OF DEAT	TH		OCCURED.	(Elvies tiergie of mije	., ., ., ., ., ., ., .,	1 10 01 110 11 10 1)			
		While	Not While				lity or town)	(County	y)	(Stete)
21. I certify	that (I) (this hos	spital) attend	ded the deceas	ed from	August 31	19.61,	Janua	ry 1,6962	2, that (I)	(we) la
	sed alive on	Jan. 1	19.62.	and that	death occured	at www. fr	m the cause	s and on the	e date stat	ed abov
	Vifu	erue	au	M.C		MED. DIRECTOR	STAFF PHYS.	ĸ :		2b. DATE SIGN
	n)	erman, N	M. D.				spital;	Salisbu	ry . Md	•
REMOVAL (Specif	TION, 23b. DATE T	HEREOF	23c. NAME OF	CEMETERY O	R CREMATORY	23d, LC	CATION (City,	lown or county)		(State)
Buria	R'S SIGNATURE	19	ADDRESS	0. U.	A M 254	REC'D BY REG	Prest	on Md	GNATURE	
9/4	TO STORE	11/11	Por	CTR al		JAN 4			* Kenne	
	20e. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIFE 20c. TIME OF INJ Hour a.m. p.m. 21. I certify saw the deces 22s. SIGNATURE 22c. PHYSICIAN' NAME (Typ BURIAL, CREMA REMOVAL (Specific Removal Specific Removal S	20e. ACCIDENT WAS JNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Dey, Hour a.m., p.m. 17 21. I certify that (I) (this houseweether the deceased alive on 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) V. Jule	20e. ACCIDENT WAS JNDER.Y.NG 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attends saw the deceased alive on Jane 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 25. JUCYMAN, PREMOVAL (Specify) 26. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	20e. ACCIDENT WAS JNDER.Y.NG 20b. DESCR.BE HOW INJURY OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While at work 21. I certify that (I) (this hospital) attended the deceases saw the deceased alive on Jane 15 19.62, 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF REMOVAL (Specify) 23c. NAME OF REMOVAL (Specify)	20e. ACCIDENT WAS JNDER, Y.NG 20b. DESCR.BE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer While Not While at work 19	20e. ACCIDENT WAS JNDER.Y.NG 20b. DESCR.BE HOW INJURY OCCURED. (Enter neture of injury occurred) (IF either, Notified CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter neture of injury occurred) 20e. PLACE OF INJURY (Home work 19 19 19 19 19 19 19 1	20e. ACCIDENT WAS JNDER.Y.NG 20b. DESCR.BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter neture of injury in Pert I or	20e. ACCIDENT WAS JNDER, Y.NG 20b. DESCR.BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Hem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, ferm. 20t. (City or town) 4 month, Dey, Yeer 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, ferm. 20t. (City or town) 4 month, Dey, Yeer 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, ferm. 20t. (City or town) 21. Certify that (I) (1his hospital) attended the deceased from. All gust 31, 19.01, 10 Idanual saw the deceased alive on Jan. 15 19.62., and that death occured at	20e. ACCIDENT WAS JNDER.Y.NG 20b. DESCR.BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER) 20c. TIME OF INJURY Medical Examiner) Hour a.m. You work 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, Jerm, Power, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (City or town) (Count factory, street, office bidg., etc.) 20f. (City or town) (City o	20e. ACCIDENT WAS JNDER.Y.NG 20b. DESCR.BE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert it of Item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Pert it of Item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Pert it of Item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Pert it of Item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Pert it of Item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Pert it of Item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED. (Enter neture of injury in Pert I or Pert it of Item 18.) (County) (County)



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
	01202 CERTIFICATE OF DEATH				
M)	1. PLACE OF DEATH e. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceesed lived, If 'nstitution, Residence before adm'ssion) b. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceesed lived, If 'nstitution, Residence before adm'ssion) b. COUNTY Wicomico				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) / Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. LENGTH OF STAY IN 1b / Salisbury d. STREET ADDRESS o. LENGTH OF STAY IN 1b / Salisbury				
1	Deer's Head State Hospital 623 Lake Street YES NO				
	3. NAME OF DECEASED (Type or print) Roy James Corbin Death January 10 19 62				
	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH Male Colored WIDOWED 10 DIVORCED 99. AGE in years IF UNDER 1 YEAR. IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done forming most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, County & Stete, or fore gn country) 12. CITIZEN OF WHAT COUNTRY LEVELLES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
	Deorgo arkin Mary Callens 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 NVOLABRIT Address				
	(Yes, no, or unkown) Myesgive were detected for (e), (b), and (c).] IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSES (c) RECURRENT CEREBRAL THROMBOSIS ONSET AND DEATH Shirt.				
	Conditions. if eny, which gove rise to immediate course (e), stelling the underlying course lest. Conditions. if eny, which (b) Arteriosclerosis general 2 Conditions. if eny, which (b) Arteriosclerosis general 2 Conditions. if eny, which (b) Arteriosclerosis general 3 Conditions. if eny, which (c)				
6	PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES NO				
	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pum. 19 et work et work (Stete)				
	21. I certify that (I) (this hospital) attended the deceased from Jan. 10				
1	226. SIGNATURE V. JULIUM, M.D. ATTENDING MED. STAFF MED. STAFF 1/10/62 226. PHYS. DIRECTOR PHYS. X 1/10/62				
1	NAME (Type) V. Juerman, M. D. Deer's Head State Hospital; Salisbury, Md.				
^	Grenoval (Specify) 1-15-62 Sceen Here Cem Sateling more				
1/2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D, BY REGISTRAR 2500 REGISTRAR'S SIGNATURE CATHUR STORY S. HAMPS				



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY WICOMICO 180m 160 by the land 2 s MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mits, write RURAL and give naerast town) SALSDURY γq WES 2 M. IS RESIDENCE d. NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give street address) ON A FARM? Hospita GENERAL YES NO EMBER TON NAME OF 4. DATE Year DECEASED complet (Type or print) DEATH 19 carbon 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. est birthday) physician and WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY Da. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working_life, even if relired) OUSE WIFE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, prankown) | (If yes give wer or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH |Enler only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which [6] gava risa to immediate ceuse DUE TO (a), steting the underlying cause fest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate PERFORMED? Se 0 NO F 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (County) (Slete) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Month, Day, Year fectory, street, office bldg., etc.) While Not While House a m at work at work 21. I certify that (I) (this hespitet) attended the deceased from 1956 to 2012, 1962 that (I) (we) last 28 1962, and that death occurred at 1.2M, from the causes and on the date stated above. saw the deceased alive on Dan. 22b. DATE 22e. SIGNATUR SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN eth. Per 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City. REMOVAL (Specify) O. F. かだ すどくし 25% REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) JAN 3 1 '62 15M 9/60



STREET, BALTIMORE 1, MARYLAND OF DEA 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE iconsico Swrite RURAL and give reerest lown) b. CITY OR TOWN ('f outs de corporete limits, & LENGTH OF STAY IN 16 c CITY OR TOWN (1 buts de corporete limits, write RJRAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) (Ninsk 3. NAME OF 4. DATE M.ddle Last DECEASED OF DEATH (Type or print) AGE (In years I IF UNDER I YEAR NEVER MARRIED birthdey and Months WIDOWED IX 1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 13. FAIHER'S NAME 14. MOTHER'S pleas ARMED FORCES? Address (Yes, Ao, or unkown) | (Ifyesgive werordetes of service) 18. CAUSE OF DEATH [Enter only one cause ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm. | 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Not While fectory, street, office bldg., etc.) While Hour am. et work el work , and that death occured at 6.D.M. from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) eath. Par LOCATION (City, town or equally) 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c/ NAME OF CEMETERY OR CREMATORY ន្ទុំខ្មុំ 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

PERFORMED? NO X

(Stete)

DATE

SIGNED

ON A FARM? YES NO



hours after lleath.

executed within

attending a ģ gned by permit. physician. burial-transit peen certificate After this ned for ECTOR: þ pe

page 3 shauthe State Bac

VR A15 (4)

1SM 9/59

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNT Wicomico n. COUNTY Naryland MARYLAND Wicomico CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) RURAL and give nearest town) Salisbury Months Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Spring Hill Private Sanatarium YES NO IX 414 Pinehuset Ave 3. NAME OF First Middle 4. DATE Manth Day Year DECEASED 1962 31 (Type or print) EDWARD BREARWOOD DASHIELL DEATH January IF JNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH AGE (In years 16. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX lost birthday) Months. Days 2/13/1898 WIDOWED [7] DIVORCED [Yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Electrial Utility Maryland Accountant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Newton Andrew J. Dashiell IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17 INFORMANT (If yes, give wor or dates of service) 217-10-7958 Mrs. Edward Dashiell. INTERVAL BETWEEN CAUSE Of DEATH [Enter only one cause per line for (o), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **DUE TO** Canditions, if any, which (6) gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? YES NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e, PLACE OF INJURY (Hame, farm, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg, etc.) MEDI Hour a.m. While Not while at work of work p. m. 1962. that (1))(we) tast 1260 21 I certify that (I) (this hospital) attended the deceased from. and that death accurred at 1974, from the causes and on the date stated above saw the deceased alive on 22a SIGNATURE 22b, DATE SIGNED ATTENDING MED-DIRECTOR STAFF PHYS M.D. 22c PHYSICIAN'S 22d. ADDRESS 230 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Wicomico Memorial Park Salisbury, Maryland 2-3-1962 Buria. ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g, REC'D BY REGISTRAR DATELE 6 Ch my S. Thouse Hill & Johnson Co. Salisbury, Maryland



RESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 01296 2. USUAL RESIDENCE (Where deceased lived, if institution: Repalence before edmission . PLACE OF DEATH . COUNTY b. COUNTY b, CITY OR TOWN (1 outside corporate limits, MARYLAND LENGTH OF STAY IN 16 TY OR TOWN (If outside corporate limits, write RURAL and give neerest lown DURY . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADBRESS ON A FARM? YES NO Year 3. NAME OF 4. DATE Month OF DECEASED (Type or print) AGE (In years | IF JNEER ! YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED last birthdey) Months Days WIDOWED I 12. CITIZEN OF WHAT COUNTRY? physician IDe. USUAL OCCUPATION (Give kind of work ounty & State, or foreign country) during most of working life, even if retired) Merchan

13. FATHER'S NAME please attending Then (Yes, no, or unknown), ilives give war or dates of service: INTERVAL BETWEEN 18. CAUSE OF DEATH [finter only one cause per line for (a), (b., and (c). ONSET AND DEATH IMMEDIATE CAUSE (e) neve use to immediate course WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORMED? NO 2De ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED. [Enter nature of 'njury in Part | or Part || of Itam 18 |
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work et work 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) O FUN director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) 238. BURIAL, CREMATION, REMOVAL (Specify) REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) DATE JAN 2 5 '62 C thing of France 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY WicOmicO Tic Omic O MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Life Willards Willards E 4 d i e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? XX YES NO XX papers. Year NAME OF Middle 4. DATE Month completel Last OF DECEASED DEATH (Typa or print) Jan. George Edward 9. AGE (In yeers HF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5. SEX carbor Male Ξ× last birthday) Months Hours and WIDOWED DIVORCED March 18, 1882 79 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) USA Retired Farner Marvland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ding please George E. Davis Millie Dishroon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiveweror detesofservice) 217-36-1562 Gladys Combs Willards. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c).] ONSET AND DEATH ģ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Ъ signed DUE TO ending Conditions, if env. which peen geve rise to immediate cause has be DUE TO (a), stating the underlying PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11611 19. WAS AUTOPSY certificate by HOLL PERFORMED? NO I CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 200, ACCIDENT WAS UNDERLY NG I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) After 20c. TIME OF INJURY Month, Day, Year factory, street_office-bldg., etc.) While - NO! While WEDI Hour e.m. et work et work 127 1962 that (I) (we) last 21. | certify that (1) (this hospital) attended the deceased from 26 ō DIRECTO 3 should b 19.62 saw the deceased alive on 22b. DATE 22a 5 GNATURE ATTENDING 5 GNED MED. DIRECTOR Kan PHYS. PHYS M D 22c. PHYSICIAN S 22d. ADDRESS Pa NAME (Type) death. Pr. HOSPI ector, filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City Iswn or county) (State) 23a, BURIAL, CREMATION, 23b. DATE THEREOF Willards/. REMOVAL (Specify) A dig Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORY SUMNATUR VR A15 (4) 15M 9/60 arthur & Thouse DATE



MARYLAND STATE DEPARTMENT OF HEALTH					
DIVISION OF STATISTICAL RESEAU	CERTIFICATE OF DEATH	MARYLAND 01981			
1. PLACE OF DEATH a. COUNTY, WICOMICO		icomico			
b. CITY OR TOWN (if ours da corporate limits, write RURAL and give nearest town) ALNBUR d. MAME OF HOSPITAL OR INSTITUTION (if not in hosp ENINGULA ENER AL	c. CITY OF TOWN (If outs da corporate limits, write RURAL Salisbury ortal, gife street address) d STREET ADDRESS 402 Patterson Ave	IS RES DENCE ON A FARM? YES NO X			
3. NAME OF DECEASED (Type or print) EILEN EILZA	BETH DISHAROON DEATH JANUARY	25 1962			
5. SEX 6. COLOR OR RACE 7. MARRIED LUNITE WIDOWED 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratired)	DIVORCED Sept. 16, 1910 51 yrs. Months				
House Work at Home	None Salishury, Maryland	U S A			
John Parker Short 15. WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no, or unknown) (lifyesgivewarordatasofsarvice) NO 18. CAUSE OF DEATH [Enter only one cause per life of the cause (a) DUE TO	Mrs. Charlotte E. Morris (Daus R.D.# 1 Parsonsburg. M				
Conditions, If any, which gava rise to immadiate causa (a), stating tha undarlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH ANT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART I(a) 19. WAS AUTOPSY PERFORMED? YES X NO			
208. ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) N/A				
20c. TIME OF INJURY Month Day, Year 20d. II While all work	Not While factory, street, office bldg , atc.)	County) (Stata)			
21. I certify that (I) (this hospital) attends as the deceased alive on 222 (SIGNATURE 222c. PHYSICIAN'S NAME (Typa) Dr. Earl M. Bea:	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	the date stated above. 22b. DATE Jan. 26 /1962 ry, Maryland			
REMOVAL (Specify) Burial Jan. 27, 1962	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or co Wicomico Memorial Park Salisbury ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR	Maryland			
24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SAI	LISBURY, MARYLAND DATEJAN 3 0 '62 Cirilum				



RYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, if institut on: Residence before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate I mits, MARYLAND Mary La nd Corporata limits, write KURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) SaLISBUTY ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? NAME OF YES NO DECEASED OF (Typa or print) DEATH B. DATE OF BIRTH anwal GE (In years | IF UNDER 1 YEAR COLOR OR RACE , 7. MARRIED THE NEVER MARRIED IF UNDER ast birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva Xind of work 10b. KIND OF BUSINESS OR INDUSTRY Stata, or fora gr country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working [fa.evan (f retired) U.S.A. Florida 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie Austin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no. or unkown) [(If yas give war or dates of sarvice) 18. CAUSE OF DEATH (Enter on vione cause per time for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH AMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying causa last. PART II OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [18] 19. WAS AUTOPSY PERFORMED? NO 🕝 206 ACCIDENT WAS UNDERLY NG 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part H of 18m 18 OF CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, straat, office bldg., atc.) Not While While Hour a.m. at work at work 19 15 that (I) (we) last to.. and that death occured at 2.2M, from the causes and on the date stated above. The deceased alive on. PATE STAFF SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS PHYSICIAN'S 22d. ADDRESS NAME (Typa) 238, BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify)

director, pag director, pag be filed VR A15 (4) 15M 9/60

burialI

FUNERAL DIRECTOR'S SIGNATURE

TOR:

pue

physician гетоуе

please

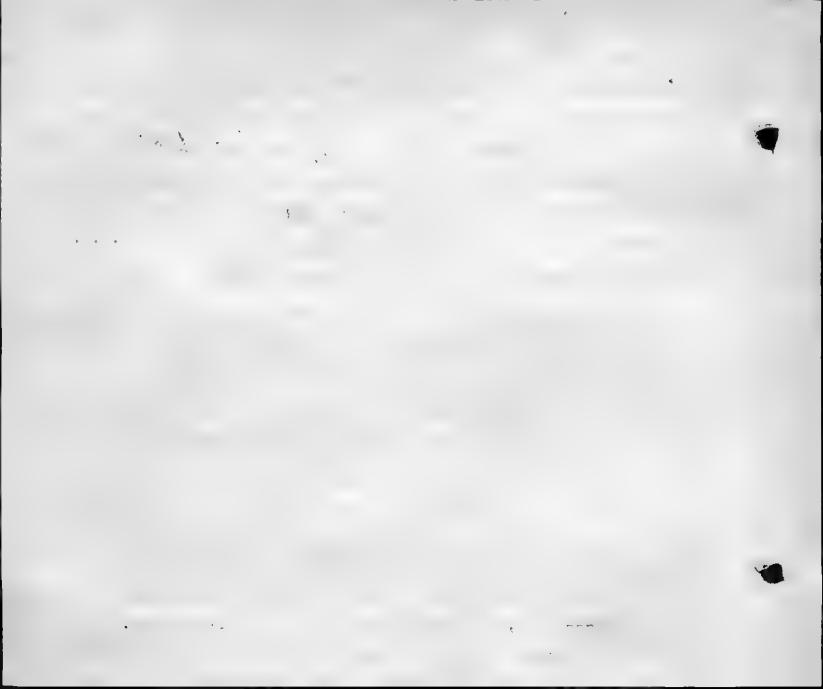
Green Acres

62

JAN 2 2 '62

DATE

Salisbury Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ciritury J. Marks



W. PRESTON STREET, BALTIMORE 1, MARYLAND 01300 CERTIFICATE OF DEATH 1) 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY . b. COUNTY MARYLAND NICOMICO WICOMIEC MARYLAND c. C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate I mits. write RURAL and give neerest town) SALISBURY AR DE 1 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO TENIN SULA 3. NAME OF A. DATE Month ÔF DECEASED (Type or print) 19 62 ANUAR 9. AGE (In years AF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work physician 106 KIND OF BUSINESS OR INDUSTRY гетоуе dona during most of working life, even if ratired) 471 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please attending and 16. SOCIAL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yes, no, as unkown) | (If yes give wer or dates of service) oval, lan. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN **BUE TO** Conditions, if any, which fbì gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMFO? NO (208, ACCIDENT WAS UNDERLYING seluous attlefuous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stata) 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not Whila While Hour a.m. al work at work 17 1962 that (1) (we) last 1222 10..... and that death occurred at 6.P.M., from the causes and on the date stated above. 1600 saw the deceased alive on...... 22b. DATE 22a, SIGNAJURE SLGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S death. Part TO FUNER director, part be filed with NAME (Type) 236, BURIAL, CREMATION, 236. DATE THEREOF 230-NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 16.14/114 | 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JAN 2 5 '62 C Hur S. Firana 15M 9/60

I AND STATE DEPARTMENT OF HEALTH



		OT 204 CERTIFICATE OF BEATH	WARTLAND
5 70 P		01301 CERTIFICATE OF DEATH	11281
hours are nd 2 shoul	X)	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL	icomico
tey Hin by ers. Hours after a	12	write RURAL and give neerest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) JEN 1856 A TENERHI HISPITHI S. NAME OF S. DIVISION St Middle Lest A. DATE Month	e. IS RESIDENCI ON A FARM YES NO A
ficate be execut cian and comple ove carbon pap event, within 72		DECERSED (Type or print) BETITY NMI LNNIS OF DEATH JANUARY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FEINALE LITTE WIDOWED DIVORCED JANUARY 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
the death certification after please removal, and in any exact val, and in any exact the control of the certification and the certif	I	None None None Wicomico Wildenia William James ENNIS FATRICIA ANN Nibblett Wish, No, or unkown) [(ffyesgivewarordatesofservice)] None Wicomico W	USA Division St
The law requires that attending physician. as been signed by the burial-transit permit. at, cremation, or remo		18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause [a), stating the underlying couse lest. (b) Agence Refered DUE TO Apence Refered	INTERVAL BETWEEN ONSET AND DEATH
PHYSICIAN: the hospital or this certificate h d for use as the	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH OF PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIB	ART 1(e) 19, WAS AUTOPSY PERFORMED? YES NO
TENDING etained by OR: After se detache		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town)	(State) (State)
PITAL OR ATT Pac may be re EH DIRECTO page 3 should be with the State De	1	saw the deceased alive on	
TO HOSE TO HOSE NO	20	236. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Burial Jan. 23, 1962 Parsons Cemetery Salisbury, Ma 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY, MARYLAND DATEN 26 162 DATEN 26 162	inty) (Stele) Aryland S SIGNATURE
,	331	2, 1, 1	

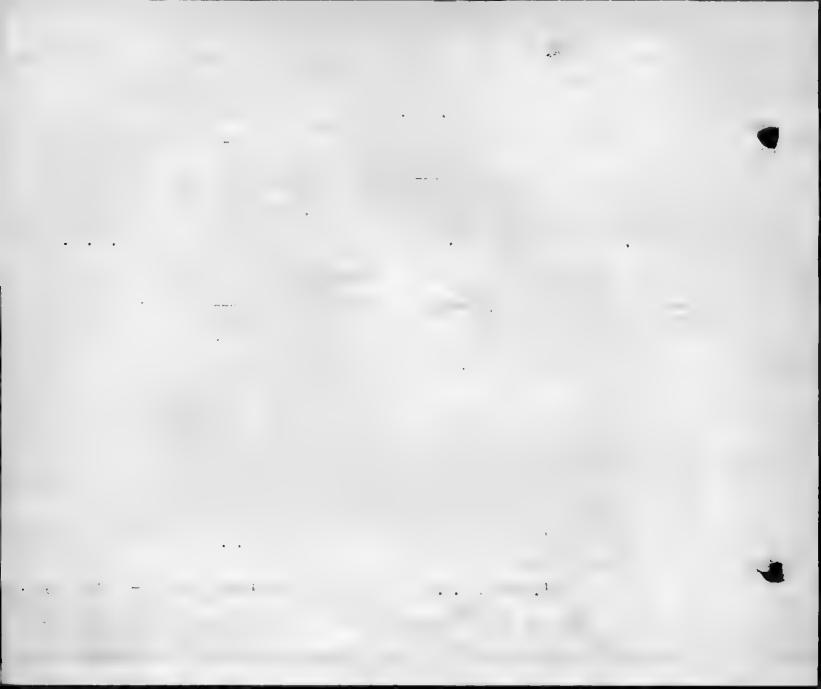


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01302 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edmission) I. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND 7 113 26 1 b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c, C.TY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) JA/IS DUR IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF DATE Day Year DECEASED OF (Type or print) DEATH 1962 LANUAL AGE (In years HE UNDER I YEAR JE UNDER 24 HRS. 5. SEX B. DATE OR RACE 17. MARRIED TO NEVER MARRIED last birthday) Months WIDOWED 10s. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRA 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician done during most of working life, even if ret red) 13. PATHER'S NAME a attending pt Then please r 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes. no. or unkown) (thyes give war or dates of service) the A8. CAUSE OF DEATH [Enter only one cause p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY PERFORMED? NO -20b. DESCRIBE HOW INJURY OCCURED, lEnter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De, PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 196 > to 1 - > 6/ 196 > that (I) (we) last saw the deceased alive on...... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS, ALD. 22d. ADDRESS 22c. PHYSICIAN' NAME (TV# death. Pa 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREO (State) 23c. , NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0.58 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL-DIRECTOR'S SIGNATURE VR A15 (4) Chilling S. Homes 15M 9/60



,

DIVISION OF STATISTICAL RESEARC W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY a. STATE **F. COUNTY** Oueen Anne by the and 2 death. Wicomico Marvland MARYLAND b. CITY OR TOWN (if outs'de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) LYrs. 5Mos. 15Days Salisbury Millington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Deer's Head State Hospital YES NO 🔣 completely 3. NAME OF 4. DATE Month DECEASED (Typa or print) DEATH Everett **19** 62 January Anna and cor 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthday) Months March 27, Temale WIDOWED X DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Unk. Caroline County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ≘ altending HA-RITYClough Thomas Emory 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Then Address OVal. (Yes, no, or unkown) | (Ifyas give war or detes of service) Hospital Records --- Salisbury, Maryland INTERVAL BETWEEN IB. CAUSE OF DEATH [Enter only one cause p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 da IMMEDIATE CAUSE (e) DUE TO geva risa to mmediate cause **DUE TO** (a), stelling the underlying ceuse lest. certificate ha PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO X 20e. ACC DENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Port 1 or Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work CTOR: 21. I certify that (1) (this hospital) attended the deceased from 7/24/57 19..., to 1/8/62..., 19..., that (I) (we) last saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Deer's Head Hospital - Salisbury, Md. eath, P FUNE Lee L. Lawry. 23a. BURIAL, CREMATION, 33b. DATE THEREOF 23c._ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 10 DURIB 25e. REC'D BY REGISTRAR **\$56.** REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



25b. REGISTRAR'S SIGNATURE

Outling & Healths

25a. REC'D BY REGISTRAR

DATE

ring Hill Rd

(Stote) y, Maryland

24, FUNERAL DIRECTOR'S SIGNATURE

	PLACE OF DEATH o. COUNTY Wicomico MAR	2 USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Salisbury
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Pen Gen Hospital	d. STREET ADDRESS R.D.# 2 Spring Hill Road o is residence on a farm? Yes in No. 10
3	NAME OF First Middle DECEASED (Type or print) SADIE ELLEN	OF
	S. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARR WIDOWED 10 DIVORCE	ced March 24, 1890 71 yrs 10hs gays Hours Min
	100. USUAL OCCUPATION (Give kind of work done to kind of Business of during most of working life, even if refired) House Wok at Home None	Farrall Co.N.Carolina U.S.A
	13. FATHER'S NAME Mathis Levy Tarkengton	Frances Elizabeth Brickhouse
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. of unknown) (If yes, give wor or date of service)	Mr.H.J. Forbes (Son) R.D. # Spring Hill I Salisbury. Maryland
	18. CAUSE OF DEATH [Enter only one cause get line for loy/b), and (c) PART I. DEATH WAS CAUSED BY: JAMMEDIATE CAUSE (c) OUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.	Hubrille 2000 Sint and Death
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NOTICE OF INJURY IN Part 1 or Port II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) N/A (Caunty) (State
	226. SIGNATURE () COURTS , COURTS , PHYSICIAN'S COURTS ,	Attending MED DIRECTOR STAFF Jan 20/1962
,0	NAME (Type) Dr. Earl M. Beadsley	Md Ave. Salisbury, Maryland
	PENOVAL (Specify)	METERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)

ADDRESS

SALISBURY, MARYLAND



FOR STATE HEALTH DEPT.

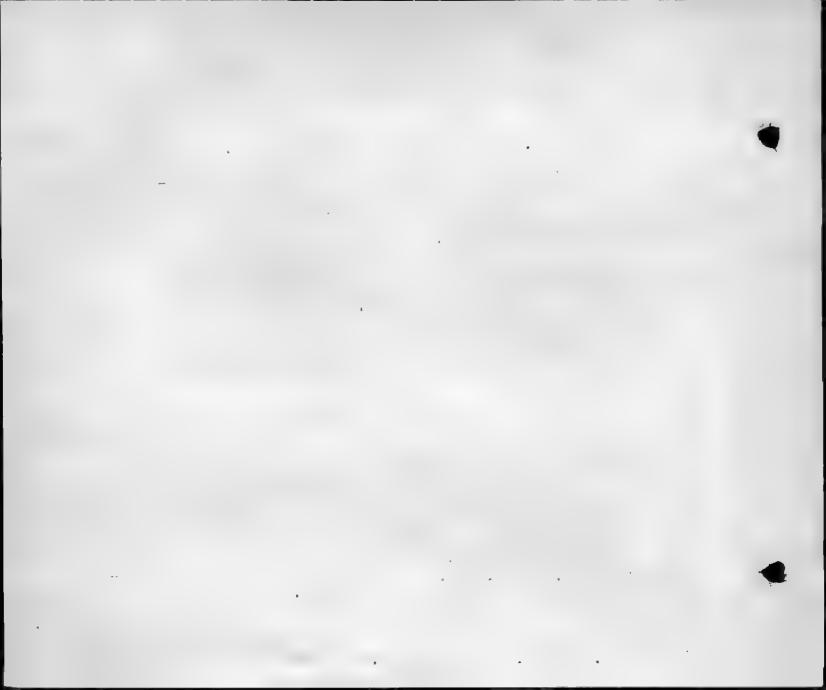
is necessary, irector. Page r your files. A 36 P

IO DEPUT TEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defines executed within 24 hours after death. If any defined a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page I may be remined IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the Siate for its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after the arth.

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF THE PROPERTY OF THE PROPERT 305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	SUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c	CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
write RURAL and give nearest town) Salishuru	Salisbury
	STREET ADDRESS e. IS RESIDENCE ON A FARM?
Mineola Ave. Route # 2	Mineola Ave. Route # 2 YES NO Year
(Type or print) William R Fletcher	OF DEATH 1-8-62 19
	OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M AA	last birthdey) Months Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if relired)	TT C A
TIODOGGG CITO	Maryland USA
West Gunby	Emma Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFOR. (Yes, no, or unknown) (If yesgive were detes of service)	
	Margaret Fletcher, Salisbury, Md
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) Malnutrition	_
1 O DUETO	
Conditions, i eny, which cover rise to immediate cause	sophagus Months
(e), stelling the underlying DUE TO	
cause last. (c)	TO THE TOWN AND DEFECT CONSTRUCTION OF THE PARTY OF THE P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMEN YES NO-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA ZOB. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS ZOB. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS ZOB. DESCRIBE HOW INJURY OCCURED. (Enter ne)	ure of Intury In Pert I or Pert II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF	NJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m. While Not While st work st work	(
21. I certify that I took charge of the remains described above, held an	Autopsy Inspection Inquiry and in my opinion
death resulted from. Natural causes . Accident Suicide	. Homicide . Undetermined manner .
to the state of	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.E.	36 7 7 7 6
EXAMINER'S HAT! L. Royer M.D.	DEPUTY MEDICAL EXAMINER A I-10-62
NAME (Type) 407 Camden Avenue Salisbury 22e BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM. REMOVAL (Specify)	Additional, city, town, or county) 22d, LOCATION (City, town, or country) (State)
Burial 1-12-62 Green Acres Cen	
23. FUNERAL DIRECTOR ADDRESS	JAN 1 5 '62 Cathur & Keeps
Thornton B. Jolley, Salisbury, Md.	DATE CONTINUE S. Thanks



1 1	1		MARYLAND STATE DEPARTMENT OF HEALTH					
10.7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,							
fter	0	1	01306 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decoased lived, If institution, Residence before admission)					
fun ho			. COUNTY b. COUNTY					
ड इर्ने	1)		b. CITY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY IN 1b					
2 = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =			Sahisbury 10 DAYS Mihhsboro 44x3					
ithin s aff	2		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
d w	500	1	NAME OF A FIST Mode Lest 4. DATE Month Dey Yeer					
Det 72)		DECEASED OF THE CONTROL OF THE CONTR					
× 8			SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (IN. YEAR IF UNDER 24 HRS.					
and carb		2	Make 1 White WIDOWED DIVORCED APRIL-17-1905 (last birthdey) Months Deys Hours Min.					
ficati cian ove ever		40e	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF WHAT COUNTRY 16. CITIZEN OF WHAT COUNTRY 17. CITIZEN OF WHAT COUNTRY 18. CITIZEN OF WHAT COUNTRY 18. CITIZEN OF WHAT COUNTRY 19. CITIZEN OF WHAT COUNTRY					
certi ohysi rem any		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
aath ing p lease d in			JOHN WALLS FLOOD SR. ANNA NORA REGERS					
e de fend en pl		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOC AL SECURITY NO. 17, INFORMANT Address s. no. or unknown) [(If yes give war or dates of service)]					
at the at The The The A		(10	- 1221-16.7010 MARGARET WOOTTEN SCAFORD DEL.					
es the cian. by fi rmit. r ren			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH					
hysich hysich ned it pe			IMMEDIATE CAUSE (0)_ IN OPE CALCELLE IN FAIL CO.; CLEEKE I A BALLE					
ng p ng p sign frans matic			Conditions, if ony, which (b)					
ne la endi beer rial-l			geve rise to immediate cause (e), stating the underlying DUE TO					
r att has has e bu	0		cause lest. (c)					
tal cate as the to but		NOF	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED?					
rior		CERTIFICATION	YES NO LACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH					
PHD the his children		CERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
RG Her I		WEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) Hour e.m.					
NDI Sined R: A deta t. of		MED	p.m. et work et work					
TTE TO Per			21. I certify that (1) (this hospital) attended the deceased from					
R A A BEC REC hould be state			22a. SIGNATURE 22b. DATE					
DIO 3 selfe			120 2 COLD A . COLD A M.D. ATTENDING DIRECTOR DIFFERENCE II I - 16 GO					
A Page	1		22c. PHYSICIAN'S E NAME (Type)					
UNE For, I		22	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slets)					
death death		1	BURIAL 1/19/64 RED MENS CEMETERY SCLBYVILLE DEL.					
VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D AY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
15M 9/60		1	Valson of Fray Frankforf Del. DATE 1862 arthur & though					



Will director, Filed 1 ofter death. funeral place executed within 24 hours filled qes 1 Pages ofter death. physician attending à gned per puo burial-transit peen by the ECTOR: FUNERAL രാ poge 9 VS A15 (4) 1SM 9/S5

i.il

01291

1	PLACE OF DEATH					USUAL RESIDENCE	(Where decease		on: Residence	before adm	ission)
	o. COUNTY W1	comico		MARY	LAND	o. STATE Mar	yland	b. COUNTY	Wic	omico)
	b. CITY OR TOWN (II	outside corporate lim	ils, write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	ocate limits, write R	URAL and gi	ve nearest to	wn)
ı	RURAL and give ne	lisbury()	Rural)		- 1	X Sal:	isbury	(Rural)		
忄				ress)		d. STREET ADDRESS					ESIDENCE
	OR INSTITUTION	D.# 1				R.D	·# 1				A FARM?
3	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Моп	th	Day	Year
ı	(Type or print)	CEC:	IL	STEWAR	T	FRANPTON	DEAT	H JANU	ARY	4th	1962
S	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	
	Male	White	WIDOWED	DIVORCE		Feb. 18/	1899	last birthdoy) 62 yrs.	Mogilio	Ty6 Hour	rs Min.
18	o. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b. KINI	D OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (S	tote or foreign	country)	12.CITIZ	EN OF WHAT	COUNTRY
	Foreman(R			an Co.		Royal (Oak.Ma	ryland		US	A
1;	3. FATHER'S NAME					14. MOTHER'S MAIDE		<u>, </u>			
Y	James Fr	ampton				Gertru	de Jon	nes			
旭	S. WAS DECEASED EVER		CES? 16. SOC	IAL SECURITY NO.	. 17 INFO			on(Wife	Sett D	# 2	
1	YES	W.W.	P. AICR)		TITS	Anna R. Salisbi	rramot urv. Ma	ryland) n • D • ;	fr 1	
F	18 CAUSE OF DEA	TH [Enter only one co	use per line fo	or (o) (b), and (c).]	1 0				INTERVAL	
	PART I, DEA	TH WAS CAUSED BY:	Car	cinou	~ @	1 colo	c re	curren	7	ONSET AN	O AND
	1/50	DUE TO			/		/			1	
	Canditions, if or	y, willich) p									
	gave rise to in	nmediate (Dus To	•								
	lying couse lost.	ne under-	:)								
la	PART II. OTH	ER SIGNIFICANT CON	 	TRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GIV	'EN IN PART	1(o) 19. WA	S AUTOPSY
COL A COLLEGIA	3									YES [FORMED?
1017	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY OF	CCURRED.	(Enter nature of injury	in Part I or P	ort II of item 1B.)			
		MEDICAL EXAMINER)									
140100	20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. INJUI	RY OCCURRED		E OF INJURY (Home,		ity or town)	(Co	ounty)	(Slote
6	Hour a.m.	19	While at work	Not while	racto	ry, street, office bldg.,	etc.)		0		
1		t (I) (this haspira			c. 4	1 mount	10 6/ 10	Jan 4	100	Z that (I)	June Inc
	saw the deceas		du 3	19 6 2 and	المالية	oth occurred of	OOP. M.	n the couses on			
ı	22a. SONATURE	To drive on			THOI GE	Sin occurred or		ii the couses on	d on the	Oute stole	22b, DATE
ı	//	1	ohi	cr_	M	D, PHYS.	MED. DIRECTOR E	STAFF PHYS.	Jan	5 Kg	SIGNED
	22c PHYSICIAN'S					22d. ADDRESS			O COLLEGE		1702
L	NAME (Type)	.L.V.Soh	ler	,		Delmar	Maryl	and			
2	3a BURIAL, CREMATIO			Bc. NAME OF CEMI	ETERY OR		*	ATION (City, town, o	or county)	IS)	late)
	REMOVAL (Specify)			Wicomic			ark	Salisbu		_ '	_ `
2	4. FUNERAL DIRECTOR		-/403	ADDRESS	0		REC'D BY REGI	The second secon	STRAR'S SIG		
	HOLLOWAY	& COMPAN	Y SAL	ISBURY,	MARY	LAND DATE	JAN 8	62	ing 8. 9	Trace	

TO HOSTITE OR ATTENDING PHYSICIAN: The law requires that the death cantificate be exacuted within 2 hours after death. Rage 4 e funeral director, be filed with may be rety to the haspital or attending physician.

D FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaulo be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after death. TO FUNERAL VR A1S (4) 15M 9/S9



CERTIFICATE OF DEATH I. PLACE OF DEATH a. COUNTY NICOMICO MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give nearest town). d. NAME OF HOSPITAL ORANSTITUTION (if not in hospital, ENIN NAME OF DATE DECEASED OF (Type or print) DEATH NEVER MARRIED and WIDOWED dona during most of working life 13. FATHER'S NAME 16 SOCIAL SECURITY NO. 1 17. (Yas, no, or unkown) [(Ifyesgiva war or dates of sarvica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY 204. ACCIDENT WAS UNDERLYING DESCR BE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part It of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, Month, Day, Yaar factory, straet, office bldg., atc.) Not While Hour a.m. at work at work 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S direct be file 23s. BURIAL, CREMATION. 23c. MAME OF CEMETERY OR CREMATORY 24 FUNERAL BIRECTOR'S SIGNATURE

VR A15 (4)

STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY WICOMICO c. CITY OR TOWN(If outside corporate limits, write RURAL and give necrast town) . IS RESIDENCE ON A FARM? YES NO NO Month AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months Yrs. 12. CITIZEN OF WHAT COUNTRY? or fora on country) INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO I 20f. (City or town) (County) (Stata) 19.62 that (1) (we) last -226 DATE PHYS.





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01311 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission, a. COUNTY Somerset County Wicomico County by the and 2: death. MARYLAND by th and b. CITY OR TOWN (if outside corporeta limits. c LENGTH OF STAY IN 16 c CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] write RURAL and give nearest lown) days Princess Anne Salisbury . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Deer's Head State Hospital YES NO completely 3. NAME OF 4. DATE DECEASED OF GREEN 62 Susie January (Typa or pr.nt) DEATH 19 and con 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF JNDER 1 YEAR lest butinday) Months Female White 3.1872 WIDOWED TO DIVORCED [7] 10a. USUAL OCCUPATION (G ve kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? MARYLAND U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA please affending ELIZABETH JOHNSON aple JOSEPH Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address removal, (Yes, no, or unkown) ! (If yes give war or detes of service) HARRY HICKMAN PRINCESS ANNE. MD. attending physician. as been signed by the the burial-transit permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Bronchopneumonia days IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata cause **DUE TO** (a), stating the underlying t: After this certificate has detached for use as the bu cousa lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G YEN IN PART I(0), 19. WAS AUTOPSY PERFORMED? CERTIFICATIO 0 Fracture of right femur with non-union. NO prior 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert I of Jem 18.) (Stata) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, ' 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work p.m. DIRECTOR: 3 should be de 21. 1 certify that (I) (this hospital) attended the deceased from 12/20/ 161, to 1/28 1962, that (I) (we) last 62, and that death occured at Jan. 28.19 ...M, from the causes and on the date stated above saw the deceased alive 7:20 P.M. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED /29 DIRECTOR PHYS. PHYS. MD 22c. PHYSICIAN'S 22d. ADDRESS Deer's Head State Hospital death. Pac CO FUNE! director, pe NAME (Type) V. Maldve. M.D. Salisbury, Maryland 236. BURIAL, CREMATION, 1 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C'ty, town or county) (Stala) (Specify) 1631-62 EPISCOPAL CEMETERY 256. REGISTRAR'S SIGNATURE #(INERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR VR A15 (4) 15M 9/60 DATE

law requires that the death certificate be executed



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, JOI W. PRESTON STREET, BALTIMORE 1,	
Ti Ti	CERTIFICATE OF DEATH	11295
ond 2 short	1. PLACE OF DEATH a COUNTY MARYLAND b. CITY OR TOWN (1 outs de corporate limits, write RURA) write RURA1 and give nearest town) 2. USUAL RESIDENCE (Where deceased lived, if institute, a. STATE b. COUNTY MARYLAND c. CITY OR TOWN (if outs de corporate limits, write RUR	Dorchester V
Ses 1 a ster d sur after d	Peninsula General Nospital Rural Cambridge, R.D. 2 Jeninsula General Nospital Rural	0 9 X S RESIDENCE ON A FARM?
completely on papers.	3. NAME OF DECRASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH 9. AGE (In years If A)	
emove carbon by event,	Ma/e inh. to widowed Divorced Aug, 17, 1880 last birthday) More 10a. USUAL OCCUPATION (G.ve. kind of work done during most of working life, even if retired) Retired Farmer Self employed Cambridge, R.D.	2. CITIZEN OF WHAT COUNTRY
ien please r	13. FATHER'S NAME J. Sothern Greenwell Susen E. Wheatley Address (Yas, no, or unknown) [(Hyesgive war or dales of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	
on signed by the a	No. 215-36-1537 Phillips S. Greenwell, Salisbury	Md INTERVAL BETWEEN ONSET AND DEATH
ss the burial of burial of burial of co	(a), stating the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
alth prior	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) CONTRIBUTING CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO •
OK: Aug be detack ept. of He	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work 21. certify that (III) (this hospital) attended the deceased from	(County) (State)
y page 3 should I with the State D	saw the deceased alive on	
TO FUN director.	23s. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Burial Jan. 12, 1962 Lody Good Counsel Churchyard Secretary, Md. 24 FUNERAL DIRECTOR'S SIGNATURE Campuist Md. 25s. REC'D BY REGISTRAR 25b. REGISTR	
A15 (4) W 9/60		thing I Hange



PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where depeased lived, If just tution; Residence before admission) director, Page or your files. a. COUNTY Health, a. STATE b. COUNTY is necessary Wicomico Wicomico MARYLAND b CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 write RURAL and give nearest town) Salisbury Salisbury ō d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? at Pen Gen Hospital YES NO A Stafe may be retaine 2 with the State and 3 to the fun 3. NAME OF F rsi Middle Last DATE Year DECEASED OF HAMPSHIRE (Type or print) DONALD HENBA DEATH JANUARY 28 62 19 5. SFX 6. COLOR OR RACE 7, MARRIED W NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) d"pending" in pencil in Item 18. Give Pages 1, 2, and Examiner's Office along with form PM3, Page 5 may eused as a burial-transit permit. File pages 1 and 2 wistion, or removal, and in any promit. Within 72 hours Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 105 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Lineman (Employee) Te Salisbury, Maryland Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roscoe Hampshire
15. Was deceased ever in U.S. Armed Forces? | 16 Social Security No. 1.77 Gertrude Waller aralene P. Hampshire (Wife) 325 (Yes, no, or unkown) | (Ifyesg vewarordatasofservica) Salisbury, Maryland -Korea-18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to Immediate cause DUE TO (a), stating the undarlying cause last. cremation, PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 3 the word NO Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iam 18.) PRIMARY | or CONTRIBUTING | TEDICAL EXAMINER: of the certificate, writing the forwarded to the Chief M CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) should be forwarded to the Chi FUNERAL DIRECTOR: Page factory, street, office bldg., etc.) Not While 0 Hour a.m. While at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry IX and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [THE RESERVE ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S TO DEPUTY MEDICAL EXAMINER X 1962 alisbury, Md should NAME (Type) Address (Streat, c'ty, town, or county) TO DEPU 22a, BURIAL, CREMATION. 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify)
BUT181 Jan. 31.1962 Wicomico Memorial Park Salisbury, Maryland 40 9 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 1 '62 arthur & Kraus HOLLOWAY 5M 7/59 80 COMPANY SALISBURY, MARYTAND DATE



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	01314 CERTIFICATE OF DEATH 01997
aff and a second	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission)
을 로테(IVI)	a. COUNTY Wicomico Maryland a. STATE Maryland b. COUNTY Wicomico
Se final	b. CITY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ar de	write RURAL and give nearest town) Salisbury since12/26/61
hin affect	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	Pine Bluff State Hospital 207 Broad St.
tely ers.	3 NAME OF First Middle Last 4 DATE Month Day Year
ecuted npletely papers. n 72 ho	(Type or print) LOUDER CLAUDE HEARNE DEATH Jan. 27 1962
Xe Se Ei	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
all distribution be with with with the windows to be windows to be with the windows to be windows to be with the windows to be with the windows to be windows to b	M WIDOWED DIVORCED Dec. 2, 1889 72 yrs. Months Days Hours Min.
an ye ve ven	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
physical physical any e	Salesman Retail store Gumboro. Delaware U.S.A.
	Salesman Retail store Gumboro, Delaware U.S.A.
TO TO TO	Louder T. Hearne Fannie H. Cannon
· 5 = 1 / 1	J 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address.
at the attent Then noval, a	(Yes, no, or unknown) (Ifyasgive war or detes of service) No Records of Pine Bluff State Hospital NEWAL BLUEN NEW BLUEN NE
를 a 투 곡 통	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
ires sicial d by perm or r	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease unknown
phy gne gne ion,	A DUE TO
ing ing	Conditions, if any, which (b)
endi been rial- cre	gave rise to immediate cause (a), stating the underlying DUE TO
Tal page	cause last. (c)
burn C	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
infication in the control of the con	Pulmonary tuberculosis
PSI hos ceri ceri prio	Pulmonary tuberculosis 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of 110m 18.) 210. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of 110m 18.) 210. The results of the remainded of injury in Part II of 110m 18.)
PH the this this the	(IF EITHER, NOTIFY MEDICAL EXAMINER) N/C
Per	20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State)
Di Adeta	Hour e.m. White factory, street, office bldg., etc.] p.m. 19 at work at work
ATTEN e retai CTOR Id be o	21. I certify that (I) (this hospital) attended the deceased from . Dec. 26, 1961 toJan 27, 19.62 that (I) (we) last
E D D D D D D D D D D D D D D D D D D D	saw the deceased alive on
OR A	22a. SIGNATURE ATTENDING MED. STAFF SIGNED
12 4 8 E	CRRITCHEMBE M.D. PHYS. DIRECTOR PHYS. 1/27/62
A SPECIAL PROPERTY OF THE PROP	22c PHISICIAN S
PE PE	The state of the s
記事	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)
ဝ် _{ဆို} င်းနှံ့မှု	Burial Jan. 30, 1962 Parsons Cemetery Salisbury, Maryland
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25%. REC'D BY REGISTRAR'S SIGNATURE LOTT OWAY & COMPANY SATTSBURY MARYTAND DATE FEB 1 62 Cuttur & Theme
15M 9/60	HOILOWAY & COMPANY SALISBURY, MARYLAND DATE FEB 1 02 CAROLI 2. MARYLAND

- MARYLAND STATE DEPARTMENT OF HEALTH



01315

111995

02020	2.07						
I. PLACE OF DEATH a. COUNTY WICOMICO MARYLAN	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Maryland b COUNTY Wicomico						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Salisbury	1/2 Salisbury						
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
or institution Pen Gen Hospital	842 West Main St						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeor						
(Type or print) ODA MAE	HEATH DEATH JANUARY 19 19 62						
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED							
Female White WIDOWED N DIVORCED	lost birthday) Months Days Hours Min						
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN							
during most of working life, even if retired)	Salisbury, Maryland USA						
Retired "Operator" Telephone Co.	14. MOTHER'S MAIDEN NAME						
Albert Purnell Ellis	Rebecca Fleming						
(Yes, no, or unknown) (If yes, gave war or dates of service)	rs.L.H.Ho ard(Daughter)842 West Main S Salisbury, Maryland						
1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET_AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cleate Coror	vary Occusion minutes						
DUE TO							
Conditions, if ony, which) (b) arteriosclero	tic heart disease good 6 yes						
gove rise to immediate (
twine course fact							
(6)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Malnutritis	PERFORMED?						
OR CONTRIBUTING CAUSE OF DEATH 15. (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e	PLACE OF INJURY (Home, farm 20f (City or town) (County) (Stote						
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o m. p. m. 19 While at work at work	factory, street, office bldg., etc.)						
21 I certify that (I) (this haspital) attended the deceased fram. 1951, 19 1962, 19, that (I) (we) last							
	at death accurred at						
22o. SIGNATURE	22b DATE						
alleria Mallax	M.D PHYS DIRECTOR DIRECTOR Jan. 20/1962						
22c PHYSICIAN'S NAME (Type)	22d. ADDRESS						
Dr. Alberta Mattax	Camden Ave. Salisbury, Maryland						
230 BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d LOCATION (City, town, or county) (State)						
Burial Jan, 22, 1962 Parsons	Cemetery Salisbury, Maryland						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
HOLLOWAY & COMPANY SALISBURY M	1111 0 0 100						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page ne funeral directar, should be filed with

may be restricted by the haspital ar attending physician.

D FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaved be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs aftered at the state of the st

TO FUNERAY VR A1S (4) 15M 9/59



YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Comico MARYLAND b. CITY OR TOWN (if outs'de corporeta limits. E. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (7 not in hospitel, give street address) d. STREET ADDRESS Salisbury Locus NAME OF Middle Month DECEASED OF DEATH (Type of print) 6. COLOR OR RACETY, MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthdey) Months WIDOWED 49 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10h, KIND OF BUSINESS OR INDUSTRI dona during most of working life, even if retired) Waryland. 13. FATHER'S NA ROMES tic Ellen-Purnell (Yes, no. or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a,. (b), and (c).] PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) Thrombosis Mid Cerebral Artery DUE TO Cardio vasculai Disease geva rise to immediate couse DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 1 20a, PLACE OF INJURY (Home, ferm.) 20f. (City or town) (County) Not While factory, streat, office bldg., etc.) While Hour a.m. et work et work 12-26 1961, to 1-3 19602, that (1) (we) last 21. I certify that (I) (this heavital) attended the deceased from.... 19.62, and that death occurred a N. 12.2M, from the causes and on the date stated above. saw the deceased alive on 113 22e. SIGNATURE ATTENDING Ø DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, l 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OH green acres Salisbury Buria CADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO

1962

Year

INTERVAL BETWEEN ONSET AND DEATH

30 MINUTE

WAS AUTOPSY PERFORMED? NO 1

22b. DATE

(State)

JAN 1 5 162

SIGNED

Days

ILS.A

YR A15 (4) 15M 9/1

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Wicomico Wicomico 22 MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comparete limits, write RURAL and give nearest town) write RURAL and give nearest town) Delmar vrars d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 406 Pine Street Pinc Street YES NO THE 3. NAME OF paper Middle DETE DECEASED OF (Type or print) DEATH EDWARD LEVON HITCHENS 1960 Jan and con carbon nt, withir 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Male WIDOWED [DIVORCED гетоув 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired Trainman Rrilroad Delmor. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James B. Hitchens Ella Arvev 査 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no., or unkown) | (Ifyesgive were rdetes of service) 16-03-1584 Cora Hitchens. Delmar, Maryland 18. CAUSE OF DEATH (finter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION IN PART 1(a)1 19. WAS AUTOPSY PERFORMED? NO 🗔 126 DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of them 18.) 20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work D.m. 21. I certify that (I) (this hospital) attended the deceased from the 1963 that (I) (we) last 194-2, and that death occured al. M, from the causes and on the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE ö ATTENDING MED. STAFF 51GNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) V.Sohler Delmar, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Delmar, Delaware 40.4 Mt. Olive 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24) FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 ...

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL MSI TO HOSPITAL MOY BE FEW (4) 5 170 FUNERA.

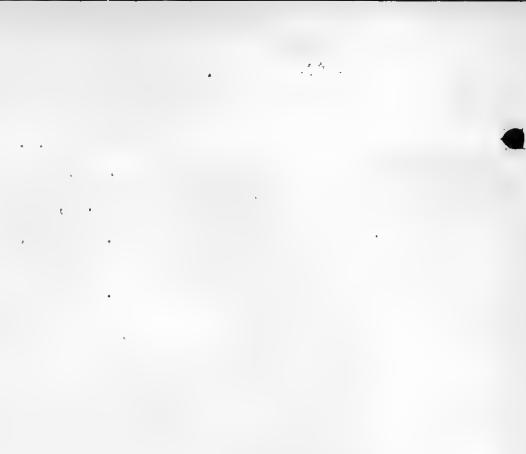
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01318

CERTIFICATE OF DEATH

01363

1.	PLACE OF DEATH				2.		ENCE (Where	deceased	lived. If institu		e before admi	ision)
\mathcal{N}	o. COUNTY	Vicomico		· MARYLA	MD	o STATE	Maryla	and	b. COUNT	Y Wic	omico	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury					c. CITY OR TO	OWN (If outsi	ide corpor	ote limits, write	RURAL and g	ive nearest fav	m)
1						X S	Salis	bury				
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street oddr	ess)		d. STREET AD	DRESS				e IS RE	SIDENCE A FARM?
-		en Gen H	lospita	-]		" I	R.D.#	5(C	rooked	Oak	Lane	
3	NAME OF	Fir	st	Middle		Lost	4	DATE	M	onth	Day	Yeor
	(Type or print)	AND	REW	JACKSON	H	OPKINS	5	DEATH	JANUAE	ΣĀ	22nd	19 62
S.	SEX	6 COLOR OR RACE	7. MARRIED [NEVER MARRIED	8.0	ATE OF BIRTH		1	9 AGE (In year lost birthday	s IF UNDER		
	Male	White	WIDOWED [DIVORCED [🗆 De	c.22,1	1900		61 yr		Doys Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work on his life, even if retired	done 10b KIND	O OF BUSINESS OR	INDUSTRY	11 BIRTHPLA	CE (Stote or	foreign co	untry)	12.CITI	ZEN OF WHAT	COUNTRY?
	Employee	Supply C	lerk)	Frucking	Co.	Tyask	kin, Ma	aryl	and	US	A	
13	I. FATHER'S NAME			-	1	4. MOTHER'S A	AAIDEN NAA	AE				
	Dashiell	Hopkins				Minn:	ie Ria	all				
	. WAS DECEASED EVER	IN U. S. ARMED FOR		IAL SECURITY NO.	17 INFO	RMANT	a Ro	ilav	Hopki	nel Wi	falR 1) # 5
	No				Cro	oked (ak L	ane	Sali	sbury	Mary	land
	18. CAUSE OF DEA	TH Enter only one co	use per line for	r (o), (b), ond (c)-]	,			,			INTERVAL I	
	PART I. DEAT	H WAS CAUSED BY:	ale	ute pu	Ince	nang	ans-	out.	art		OHSEL AIR	DEATH
	.52	DUE TO	1 4	1								
	Conditions, if or	y, which) (b	Ch. 2	m plugg	m	-ac						
	gove rise to in couse (a), stating t			0								
	lying couse lost.) (c)									
NOITAL	PART II. OTH	er significant con	DITIONS CONT	RIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMINA	L DISEASE	CONDITION	GIVEN IN PART	1 (o) 19 WAS	AUTOPSY ORMED?
TAC												Х ои
75715		S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCC	URRED. (Enter nature of	injury in Por	t I or Port	II of item 18.)			
		MEDICAL EXAMINER	N/A	A								
MEDICAL	20c TIME OF INJURY	Month, Doy, Yes	or 20d INJUR While		De. PLACE fectors	OF INJURY (H	ome, farm, f bldg , etc.) !	20f. (City	or town)	(0	county)	(Stote)
ME	p. m.	N/A 19		Not while of work		1	N/A			I/A		
	21 I certify that	t (I) (this haspital) attended	the deceased fr	am	1-17	196	i.la	1-22	196	that (1)	(we) last
	saw the decease		72/	A no -		th accurred	3 D + Q1	\cap \square	the causes o			
	220 SIGNATURE		1 -11	7						_		2b, DATE
	The	8740	seally		M D	ATTENDING PHYS	MED DIREC	TOR 🗆	STAFF PHYS	Jan.	23 /	L982ED
	22c PHYSICIAN'S NAME (Type)	200.20		7		22d. ADDRES		0-7		3.7	3 2	
		Dr.Philip	A. In	erea		Main	St.	pal	isbury	, Mary	Tena	
2.	3a BURIAL, CREMATION REMOVAL (Specify)	1 23b. DATE THEREC	DF 23	c. NAME OF CEMETE	ERY OR C	REMATORY	23	d LOCAT	ION (City, lowe	, or county)	(SI	ote)
	Burial	Jan. 24.1	962 W	icomico	Memo	rial I	Park	Sa]	isbury	Mary	land	
	FUNERAL DIRECTORS			ADDRESS			2So. REC'D 8		RAR 256. REG	GISTRAR'S SIC		
Ĭ	HOLLOWAY &	& COMPANY	SAL	ISBURY, M	ARYI	AND	DATE LAN	26 18	i2 (intown S.	to wit	



4

•

VR A15 (4) 1SM II/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0:319	CERTIFICA	IE OF DEATH		11 3 9 2
1. PLACE OF DEATH o. COUNTY Wi comi co	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	b. COUNTY Wicon	
b. CITY OR TOWN (If outside corporate limits, write RURAL and ave nearest town) Mardela Springs - Rur	cal Life	c. CITY OR TOWN (If outside corpore	ote limits, write RURAL and giv	e necrest town)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION San Domingo	et oddress)	d. STREET ADDRESS R. F. D.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) The print of t	Middle Irene	Los! 4. DATE OF DEATH	January	18 Year 19 62
Fomolo Noore	RRIED A NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH June 10, 1909		YEAR IF UNDER 24 HRS lays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	b KIND OF BUSINESS OR INDUS Home	Wicomico Co., M	· · · .	F.D.
13. FATHER'S NAME Edward Fooks		14. MOTHER'S MAIDEN NAME Jeanette Johns		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (1/es, 1/es, 1/		FORMANT Itis L. Hopkins, Mar	Address rdela Springs,	Md., RFD
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (o), (b), and (c).	scular Accid	'ent	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	Hypertensi Number to	ve Corfionase	No- Dis	unknum
PART II OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port	(1 of item 18)	
Hour a m, Whil		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	or lown) (Co	unity) (Stote
220 SIGNATURE	19/ 2-and that d	leath occurred at 3: 15M, AMm of ATTENDING MED DIRECTOR I	the causes and an the courses and an the courses	
22c. PHYSICIAN'S NAME (Type) Gronge G. Sc	hlesinger m	22d. ADDRESS 20151 11/0	irdela Mors	Soud
236 BURIAL, CREMATION 236, DATE THEREOF	23c. NAME OF CEMETERY OF Zion Church	_	ION (City, town, or county) IT Sharptown, M	(State) (aryl and
J. J. Framptom and Son,	Federalsburg,	Maryland 250. REC'D BY REGIST	RAR 25b REGISTRAR'S SIGN	



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01320 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, if institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND OR TOWN (If outside corporate limits, write RURAL and give necrest town) WICOmico b. CITY OR TOWN (fouts'de carporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street #ddress) a. IS RESIDENCE ON A FARM? YES NO completely NAME OF DECEASED DEATH (Type or print) 9. AGE (In years IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED WEVER MARRIED lest birthdey) and March 5.1904 WIDOWED [DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 8.RTHPLACE County & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Service Station Attendent Bivalve. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Horsman Eunice Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO ! 17, INFORMANT Mrs. Florence B. Horsman (Wife) 818 Smith Street Salisbury, Maryland (Yes, no, or unkown), (If yes give we ror detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), ,b), and (c),} ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate couse DUE TO (e), steting the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIEL 19. WAS AUTOPSY PERFORMED? NO X 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of tem 18.) 20d. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm, (Stele) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) fectory, street, office bldg., etc.) Not While While Hour am et work at work 1961, to JAW 19, 1962-that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from July1942, and that death occured at 200 M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 220. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. JAN 6 2 PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type Dr. Robert Fruitland, Maryland 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0.4 4 Jan. 21.1962 Burial Parsons Cemeterv Salisbury, Maryland 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 SALISBURY, MARYLAND HOLLOWAY & COMPANY DATE JAN 2 2 '62

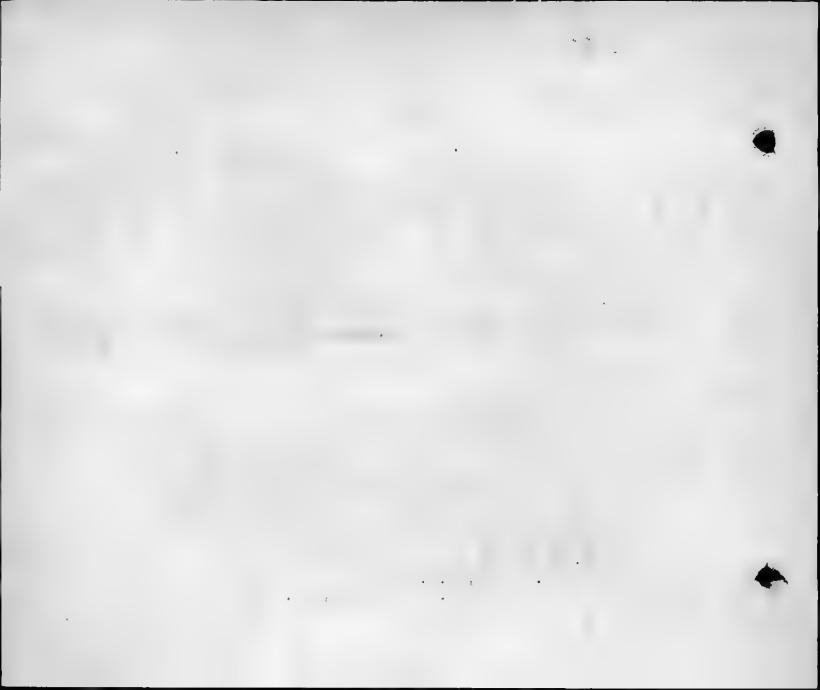
LAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER rm G505 m GOO 1/25/62 jwk

2. USUAL RESIDENCE (Where decessed lived, If institution Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Wicomico MARYLAND Wicomico Marvland b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest fown) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give treet address) Salisbury d. STREET ADDRESS . IS RESIDENCE ON A FARM? 111 Catherine YES NO Catherine 3. NAME OF Middle 4. DATE Year DECEASED OF (Typa or print) DEATH Harvev Hughes 19 3-62 I FUNDER I YEAR 5. SEX DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In years last birthday) Months | Days WIDOWED TH ages 1, 2. Page 5 10a. USOAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during sost of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivewar or detas of service) 18. CAUSE OF DEATH Enter only one cause per The for (a), (b), and (a). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** burial Conditions, if any, which 1b1 geva rise to immediata causa DUE TO (a), stating the underlying cause lest. fel , writing the word "pen to Chief Medical Examina Page 3 should be used of to burial, cremation, of PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19, WAS AUTORSY CERTIFICATION PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH, 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stota) factory, street, office bldg., atc.) Hour a.m. While Not Whila at work at work OR: 0 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X and in my opinion forwarded to death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL FUNERAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Royer DEPUTY MEDICAL EXAM, NER X EXAMINER'S NAME (Type) Camd 1 SDUP Waddraft (Prest, city, lown, or county) O DEP 226. BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or equatry) RIMOVAL (Spec fy) 40 ellread 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 DATE JAN 2 2 '62 arthur & Krown

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01322 CERTIFICATE OF DEATH
01305

1. PLACE OF DEAT	1		2. USUAL RESIDENC	E (Where decessed lived, if institutions is	lesidence before edmission)
e. COUNTY	mian Carreter		e. STATE	b. county omer	set County 🐷
	mico County	MARYLAND	Mary.	LATIO outside corporete limits, write RURAL end	
	give nearest town)			ss Anne	11 11 9
	sbury	195 days_		os ame	e. IS RESIDENCE
	TAL OR INSTITUTION (if not in		d. STREET ADDRESS	5, Route 2	ON A FARM?
Deer's	Head State Hos	spital	DOX 20.		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DÁTE Month	Dey Yeer
(Type or print)	Samuel	James	HUTT	DEATH January	25, 1962
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years IF UNDER 1	
Male		OWED DIVORCED	/T / I	last birthdey Months	Deys Hours Min.
TDe. USUAL OCCUPAT		b. KIND OF BUSINESS OR INDUSTI	TY 11, BIRTHPLACE (Count	y & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
Labor	orking life, even if retired)	Form	Maryland	U	S A.
13. FATHER'S NAME			1 14. MOTHER'S MAIDEN N	NAME	
George II	111.1.		Mary ?		
		16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (ER IN U.S. ARMED FORCES? Ifyesgivewerordatesofservice)	031. 70 6676			363
NO			nnie Mae Hu	itt. Princess Ann	O . M.C. LINTERVAL BETWEEN
	DEATH [Enter only one cause				ONSET AND DEATH
PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (+)	ulmonary edema			1/2 hour_
14-);	DUE TO				
Conditions, if an	which (b) A	rteriosclerotic	cardiovascula	r disease	2-3 years
geve rise to immed	DOME TO				
(e), stelling the couse last.	inderlying [c]				
		CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	I 1(a) 19. WAS AUTOPSY
CATIO					YES NO R
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED), (Enter nature of injury in P	ert I or Pert II of item 15.)	
Y 2Dc. TIME OF INJI Hour e.m.	1		ACE OF INJURY (Home, ferm, tory, street, office bldg., etc.)		inty) (Stete)
		work et work			
	that (I) (this hospital) a	ttended the deceased from.	JULY LJ	19 61 to Jan. 25, 19	.으로, that (I) (we) las
saw the decea	sed alive on Jan.	25s19.62., and tha	death occured at	M, from the causes and on	the date stated above
22e. SIGNATURE			ATTENDING M	A 0216 LED. STAFF	22b. DATE SIGNED
	V. Juen	ucau ,		IRECTOR PHYS.	1/25/62
	[22c, Phisiolana []			er's Head State Hos	nital
NAME (Type	V. Juerman	, M.D.	Sa.	Lisbury, Md.	Proces
23e. BURIAL, CREMAT	ION 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, fown or count	y) (Stete)
REMOVAL ISpecify	1/23/5	it I'm		West Post Offi	ce.Md
24 KUNERAL DIRECTO	R'S SIGNATURE	ADDRISS	25e. REC	D BY REGISTRAR 256. REGISTRAR'S	
18/2 120 8	- A>HA	5 \ (/ /	DA Bun DATE JA	N 3 1 '62 Ciriling 8.	House
	11/11	A VILL	- Indie		7 VIVIVA



MARYLAND STATE DEPARTMENT OF HEA	N	ARYL	AND	STATE	DEPA	RTMENT	OF	HEAL
----------------------------------	---	------	-----	-------	------	--------	----	------

TH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

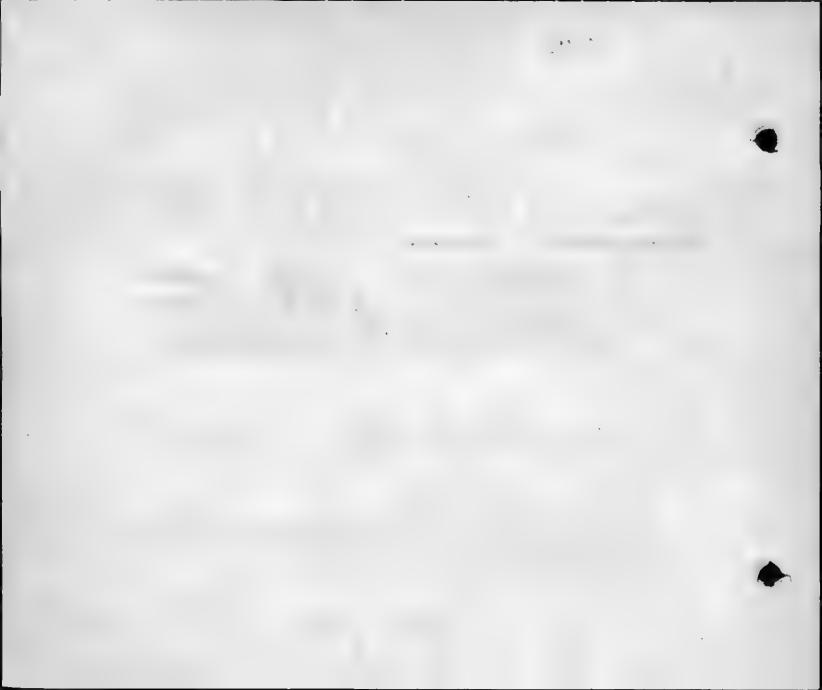
CERTIFICATE OF DEATH

(113) 11323

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whara daceasad livad, If institution: Rasidanca bafore admission)
Wicomico Maryland	a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate I mits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury Since 12/4/61	X Mardela Springs
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Pine Bluff State Hospital	YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Typa or print) Guy Franklin	
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	Oct. 27, 1884 Annih Days Hours Mir.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11 BIRTHPLACE (County & State, or fore gn country) 12 CITIZEN OF WHAT COUNTRY?
Railroad Agent Railroad	Wicomico, Maryland USA
Clayton G. Jackson	Dora E. Oliphant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. [Yas, no. of unknown] (Ifyasg vewarofdelesofsarvica)	LEdna E. Jackson (Wife Box#8-Mardela, Md
No 1717-07-9572 R	ecords of Pine Bluff State Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Metastatia Cau	uei
/62 / DUE TO 0 0 1	TO 0 . 0
Conditions, if any, which) (b) Caucer of the	une Bronchoseure arenoma d'years?
gave rise to immediate cause (e), stating the underlying DUE TO	squamous cell
causa last. (c)	isquamous ex
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS CONDIT ON GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?
3 Moderately advanced, active	TOC YES NO IN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N MUTULATELY ALTOUR CONTRIBUTING TO DEATH BUT N 200 ACCIDENT WAS JNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!	Ö. [Enter natura of injury in Part For Part Coff tem 18.]
	ACE OF INJURY (Homa, farm, 201. (City or lown) (County) (Stata)
at week [7]	ctory, street, offica bldg., etc.)
	1/ Nov. 1961 to 18 Jan 1962 that (1) (we) last
	it death occured a
22a. SIGNATURE	22b, DATE
Soull Fitagell MD.	ATTENDING MED STAFF PHYS. Jan. 18.1962
22c. PHYSCIAN'S	22d ADDRESS A. O. A.
Name ("Dr. Joseph C. Fitzgerald	Pine Bluf Korad, Dalesbury,
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Spacify)	OR CREMATORY 23d, LOCATION (City, town or county) (State)
Furial Jan. 21, 1962 Parsons	Cemetery Salisbury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 258. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MAR	RYLAND DATE JAN 22'62 Orthur S. Kraus



DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 013241. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Rasidance before admiss on) a. COUNTY b. COUNTY WICOMICO MARYLAND b. CITY OR TOWN (if outside corporate simits. c. LENGTH OF STAY IN 16 c. CTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! SALS BURY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X YES [completel NAME OF DECEASED (Type or print) DEATH 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED THEYER MARRIED and last birthday) Months WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyas giva war or dates of sarvica) 16. SOCIAL SECURITY NO.1 NO 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiate cause DUE TO (a), stating the underlying cause Jasl. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXAWAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) (County) (State) factory, streat, office bldg., etc.) Not While While Hour a.m. at work at work p.m. attended the deceased from..... 21. | certify that (I) (this hospital) 19.4. and that death occured a M. from the causes and on the date stated above. saw the deceased alive 22b. DATE GNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Slata) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 -





DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND 01326CERTIFICATE OF DEATH funeral Item 9 Film 0305 7/10/02 mily comments of the state of the st should 24 hours after I. PLACE OF DEATH e. COUNTY a, STATE **b.** COUNTY Wicomico Marvland by the land 2 s death. Wicomico. MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL end give nearest town) ģ write RURAL and give nearest town) Salisbury 21davs Fruitland 2. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gave street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Peninsula General Hospital YES NO completely papers. NAME OF A. DATE Middle Last Month Day Year DECEASED (Type or print) DEATH 19 62 Mary January Frances King within and cor carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. Hours Davs Female Colored WIDOWED D DIVORCED event, 8 physician 10a. USUAL OCCUPATION (Give kind of work done/dy is most of working life, even if retired) & State 12. CITIZEN OF WHAT COUNTRY? Геточе 10b. KIND OF BUSINESS OR INDUSTRY MOTHER'S MAIDEN NAME please Ξ attending and Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAD SECURITY NO.1 17. INFORMANT litres que war or detes of service g physician. signed by the 18. CAUSE OF DEATH [Entar only ona cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Recurrent cerebral thrombosis weeks IMMEDIATE CAUSE (a) as the burial-transif DUE TO aftending peen Conditions, if any, which (b) gave risa to immediata ceuse DUE TO (a), stating the underlying cert/ficate has causa lost. ō PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY NOL d PERFORMED? hospital 9 7.5 NO [use prior Diabetes mellitus 20a, ACCIDENT WAS UNDERLY.NG [] | 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) for the After this detached ģ 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ; 20f. (City or town) (County) (Stata) fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work D.M. DIRECTOR: 21 | certify that (I) (this hospital) attended the deceased from Dec. 11,, 161, to Jane 1, ..., 19.62, that (I) (we) last from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNE Juerman, M. Deer's Head Hospital: Salisbury. Md. 9 NAME OF GEMETER'S OR CREMATORY LOCATION (Cub. town or county) (State) Sa. BURIAL, CREMATION, 23Ь. 90 MOVAL (Specify) S g g 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) JAN 11 '62 Chilling S. Manie 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



VR A1S (4) 1SM II/S9

M	ARYLAND	STATE	DEPARTMEN	T OF HEALTH
1 4	OF CTATICTICAL	DECEADON	AND DECODDS	DAITIMODE & MARS

ı	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
١	01327 CERTIFICATE OF DEATH
	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutiony Residence before admission) b. COUNTY D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2. USUAL RESIDENCE (Where deceased lived. If institutiony Residence before admission) b. COUNTY C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) A. STREET ADDRESS ON A FARM? YES \(\text{NO N OF TOWN (If autside corporate limits, write RURAL and give nearest fown)} ON A FARM? YES \(\text{NO N OF TOWN (If autside corporate limits, write RURAL and give nearest fown)} ON A FARM? YES \(\text{NO N OF TOWN (If autside corporate limits, write RURAL and give nearest fown)} ON A FARM? YES \(\text{NO N OF TOWN (If autside corporate limits, write RURAL and give nearest fown)} ON A FARM? YES \(\text{NO N OF TOWN (If autside corporate limits, write RURAL and give nearest fown)} ON A FARM? YES \(\text{NO N OF TOWN (If autside corporate limits, write RURAL and give nearest fown)} ON A FARM?
	3 NAME OF DECEASED (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
1	WIDOWED DIVORCED 9/2// 76 Tol Subday) Wonths Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) design most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, ng) or funtyown) (If yes, give wor or dotes of service)
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse lost. Conditions, if any, which gove rise to immediate (b) Conditions are cardinate cardinate durate and 10 yr (c)
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS) PERFORMED? YES NO [2]
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Zoc TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at wark at wa
	21 I certify that (1) this haspital) attended the deceased from. 18/62. 19ta 128/62, 19 that (1) (we) lass saw the deceased alive on 1/28/62.19 and that death occurred at M, from the causes and an the date stated above
	22a. SIGNATURE Collecte Mattay MD M.D. ATTENDING MED DIRECTOR STAFF 130/62 22c. PHYSICIAN'S 22d. ADDRESS
	22c PHYSICIAN'S NAME (Type)
	230 BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION (C.t.), town, or county) (State)
	24 SOMERAL DIRECTOR'S SIGNATURE 250 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE FEB 1 32 Outlang & Kennes



22b DATE 1962

	01328	CERTIFICA	TE OF DEATH		TUT [
1. PLACE OF DEATH b. COUNTY	Wicomico	MARYLAND	o. STATE Maryl:		Wicomico
B CITY OR TOWN RURAL and give	I (If autside corporate limits, v negrest town) Salisbury	vrite c. LENGTH OF STAY IN 16	12 Salish	utside corporate limits, write RU OUPY	JRAL and give nearest fown)
d name of hos or institution	PITAL (If not in hospital, give Box# 20		d STREET ADDRESS #20 C1	herryway	e. IS RESIDENCE ON A FARM? YES NO [2
3 NAME OF DECEASED (Type or print)	JOHN	Middle HANDY	LITTLETON	4. DATE Mont OF JANU	/
s. sex Male	7 79 0 1	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH August 1,18	last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min
10a. USJAL OCCUPA during most of w Laborer	TION (Give kind of work dane orking life, even if retired)	106. KIND OF BUSINESS OR INDU		or fareign country) 11e. Maryland	12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME John We.	sley Littlet		Ellen Cod	IAME	
			nformant rs cherry wa		ter) Maryland
Conditions, if gave rise to couse (a), statin lying couse last	immediate DUE TO	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIV	EN IN PART I(g) 19. WAS AUTOPS' PERFORMED?
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING [] 120H	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in F		YES NO
20c. TIME OF INJ	10	20d, INJURY OCCURRED 20e. PI While Not while at work at work	ACE OF INJURY (Hame, farm actory, street, office bldg., etc.	20f. (City or town)	(County) (State
saw the dece	ased eliveran 50	ttended the deceased from.		M, from the causes and	d an the date stated above
22a SIPINATURE 22c PHYSICIAN'S	16.00	Cothler	M.D. ATTENDING ME ME PHYS. DII	D. STAFF	Jan. /19
NAME (TYD	r. L.V.Sohle	4 · · · · · · · · · · · · · · · · · · ·	Delmar,	Maryland	
230 BUR AL, CREMAT REMOVAL (Speci DUT12)	I- Jan.18,19		Cemetery	Worcester (Co. Maryland
HOLLOWAY		SALISBURY, MAR			That & Krauk

To by the haspital ar attending physician.

*ECTOR: After this certificate has been signed by be detached for use as the burial transit permit. I of Health prior to burial, cremation, or remaval, OR ATTENDING PEYSICIAN: The los page 3 should the State Board TO HOSPITAL TO FUNERAL VR A15 (4) 15M 9/59

with

door Thed

funeral director,

e e

Pages

papers

event, within 72 hours

and ģ

or remayal,

campletely filled

and

physician

attending please any

aquires that the death certificate be enemated within 24 haurs after death. Page 4



CERTIFICATE OF DEATH funeral 2. USURL RESIDENCE (Where daceesed lived, if institution; Rasidence before admiss on) 1. PLACE OF DEATH 1773 a. COUNTY 6. COUNTY Wicomico 12g COMMEN MARYLAND b. CITY OR TOWN (if outside corporate I m ts, c. LENGTH OF STAY IN 16 r. CITY OR TOWN (If outside corporate | mits, write RURAL and give neerest town) ۵ write RURAL and give nearest town) Salisbury e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospite, give street address) ON A FARM? Schumaker YES NO 3. NAME OF 4. DATE OF DECEASED (Type or print) DEATH LOWE carbon 1. MAKNED DE NEVER Dec.10,1909 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) House Work at Home Salisbury, Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ora E.Pollitt Harry Lee Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. M. Lowe (Husband) Schumaker Rd (Yes, no, or unknwn) | (Ifyesgive werordetesofservice) No sbury. Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01 19. WAS AUTOPSY PERFORMED? NO Z 205. DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Pert | or Part | of item 15.) 20e, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING THE CAUSE OF DEATH (Stata) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Hour e.m. Not While at work et work and that death occured at 5.5.M, from the causes and on the date stated above. saw the deceased alive on..... 225. DATE ATTENDING 22e. SIGNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typ)r . William B. Smith Salisbury, Maryland 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 5 8 Pollitt Family Cemetery-R.D.# Salisbury. Buria. 254. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) DATE JAN 1 7 '62 SALISBURY, MARYLAND COMPANY arthur & Kings 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS

PRESTON STREET, BALTIMORE 1, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edmission) e. COUNTY Wicomico by the MARYLAND Marvland b. CITY OR TOWN (If outside corporete limits. c. LENGTH OF STAY IN 15 write RURAL and give neerest fown) LMos. 7Days Pocomoke .E -Salisburv within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Deer's Head State Hospital completely executed NAME OF 2 DECEASED OF (Type or print) John Mays within 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED carbon S. SEX 8. DATE OF BIRTH and Male Negro WIDOWED [DIVORCED January 6. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Unk. Unk. Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Lucy Maibly John Mays <u>a</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ! (If yes give war or dates of service) Hospital Records -- Salisbury, 0 18. CAUSE OF DEATH lEnter only one cause pendine for (e), (b), and (c).] signed by DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO aftending Conditions, if any, which peen (b) geve rise to immediate causa DUE TO (a), stelling the underlying burial, has 햙 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate SE 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, lEnter natura of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH After this ģ 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Month, Dev. Yeer factory, street, office bldg., etc.) Not While Hour e.m. Whila et work et work DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from... saw the deceased alive 22e. SIGNATURE may ATTENDING PHYS. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE Maldve 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) បី_: ខ្នុំ ទ 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **VR A15 (4)** 15M 9/60

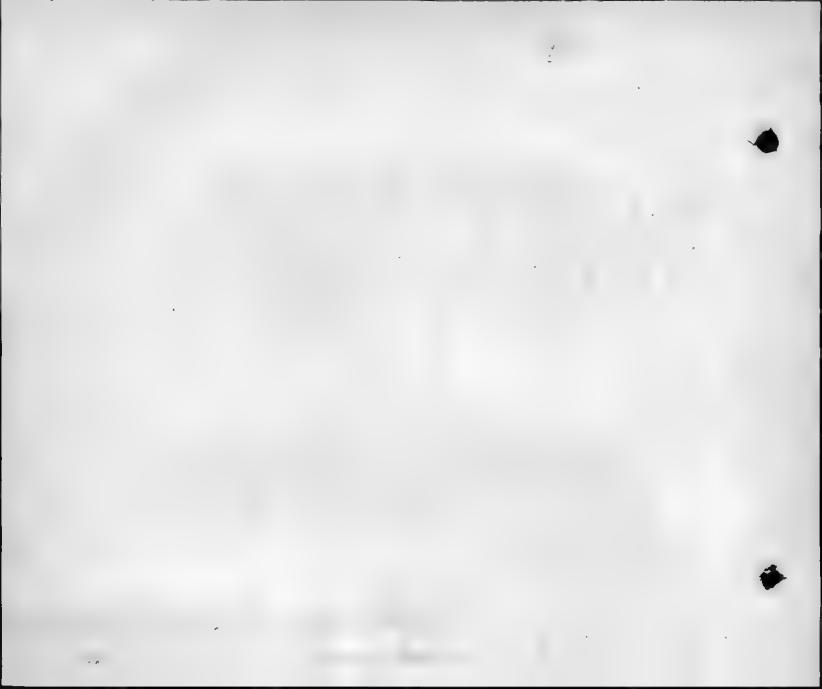
MARYLAND STATE DEPARTMENT OF HEALTH

b. COUNTY Worcester 4 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) a. IS RESIDENCE ON A FARM? YES 🔲 NO 🏋 Laurel Street Month Day DEATH 6 62 19 January 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours 13ym. 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Maryland INTERVAL BETWEN PERFORMED? NO TE (County) (Stota) 19 to 1/6/62 19 that (I) (we) last .19......, and that death occured at 10:M, from the causes and on the date stated above 22b. DATE STAFF PHYS. January 6. Salisbury, Maryland 23d. LOCATION (City, town or county) (State) 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE arthur & Krans

CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) a. COUNTY **b.** COUNTY by the fand 2 s death. MARYLAND Sam erse 100 mic CITY OR TOWN (If outs'de corporate limits, we to RURAL and give neerest town) b. CITY OR TOWN (if outs da corporata mits. e LENGTH OF STAY IN 16 5 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street ON A FARM? YES NO TA DIV 4. DATE Month DECEASED OF (Type or print) DEATH _ 19 anualzy 6. COLOR OR RACE 7. MARRIED THEVER MARRIED carbon DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. pue last birthday) Months Hours WIDOWED [DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work гетом 105. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? deep during most of working alle, even if retired) 13. FATHER'S NAME ding 16. SOCIAL SECUR TY NO . U.S. ARMED FORCES? (Yas, no, or unkown) i (Ifyes@ivewarordatesofservica) 18 CAUSE OF DEATH [Enter only one cause pendine for (e), (b), and (c).] ONSET AND DEATH ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stefing the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19. WAS AUTOPSY certificate PERFORMED? 50 NO 206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert I of item 18.) After this 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work may be retaine DIRECTOR: / 21. | certify that (1) (this hospital) attended the deceased from..... saw the deceased affine on. 22b. DATE SHOWNATURE MED. STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS TO FUNK director, per be filed NAME (Type) 23. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4). Cirthur & H.

ESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORD



			1
F HE	O Al	R LT	ST H
10 0		and of 1	or its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.
DEPUTY ME	pinous.	FUNERAL	r its designa
6 6	*	9	Ö

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
OR STATE ALTH DEPT.	Reg. Dist. No.	LRI
	1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country wiscome with the country with the country with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country with the country wiscome was a state of the country wiscome with the country wiscome was a state of the country with the coun	•
of Health,	b CITY OR TOWN If outside corporate in its write PUPAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write PUPAL and give need give n	prest town)
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R.D.# 1 R.D.# 1	ON A FARM
by be relair iff the States after death	feet hard help and the control of th	Yeor 19 6 IF UNDER 24 H
Page 5 mc	Male White WIDOWED A DIVORCED March 8,1877 84 yes MTO 14 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Laborer-Meat Packing Plant Crisfield, Maryland U.S.	
T SEE SEE	Sidney Moogan Elizabeth Young	
HE TO THE PERSON NAMED IN COLUMN 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor as defeat of service) No. No. Randall Morgan (Son) Abbott Dri Salisbury, Maryland	ve
along via perm	18. CAUSE OF DEATH [Enter only one couse per hip@for (g), (b) and (c)]	AL BETWEEN AND DEATH
iner's Office a burial-trans	Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse tost. (c)	
remation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(0) 19.	WAS AUTOPS PERFORMED?
f Media wial, c	20d. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
he Chie ior 10 b	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 White at work at wo	(State
ded to period	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in n
ofed of	SIGNATURE MD. CHIEF MEDICAL EXAMINER L	DATE SIGNED
To a second	EXAMINER'S NAME (Type) 407 Camden Ave. Saltabury. Md DEPUTY MEDICAL EXAMINER 7	/1962

22c. NAME OF CEMETERY OR CREMATORY

SALISBURY, MARYLAND

Burial Jan. 25, 1962 Crisfield Meth. Cemetery

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REC

22d LOCATION (City lown, or county)

24a. REC'D BY REGISTRAR

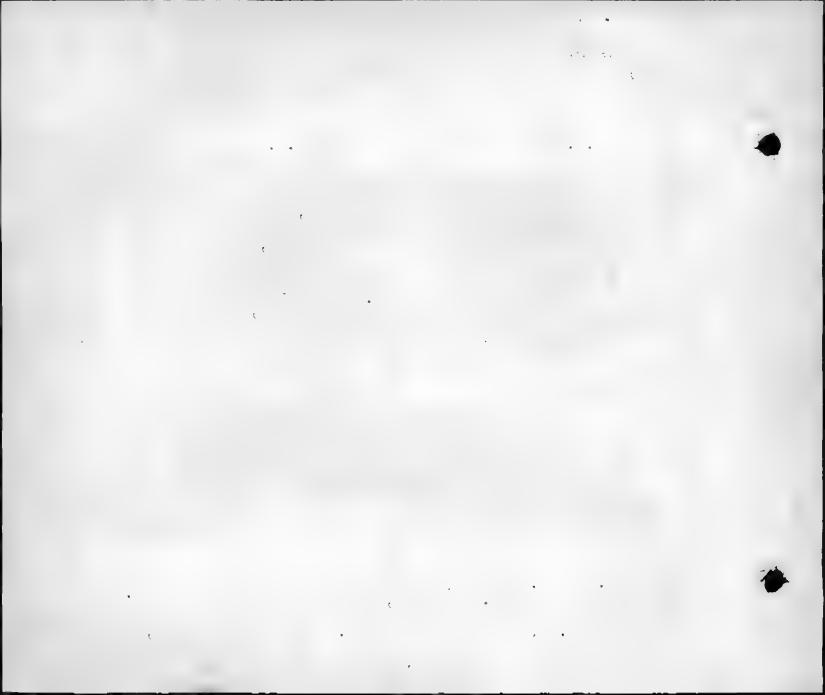
DATE JAN 2 6 '62

Crisfittd, Haryland
SISTRAR 246. REGISTRAR'S SIGNATURE

(State)

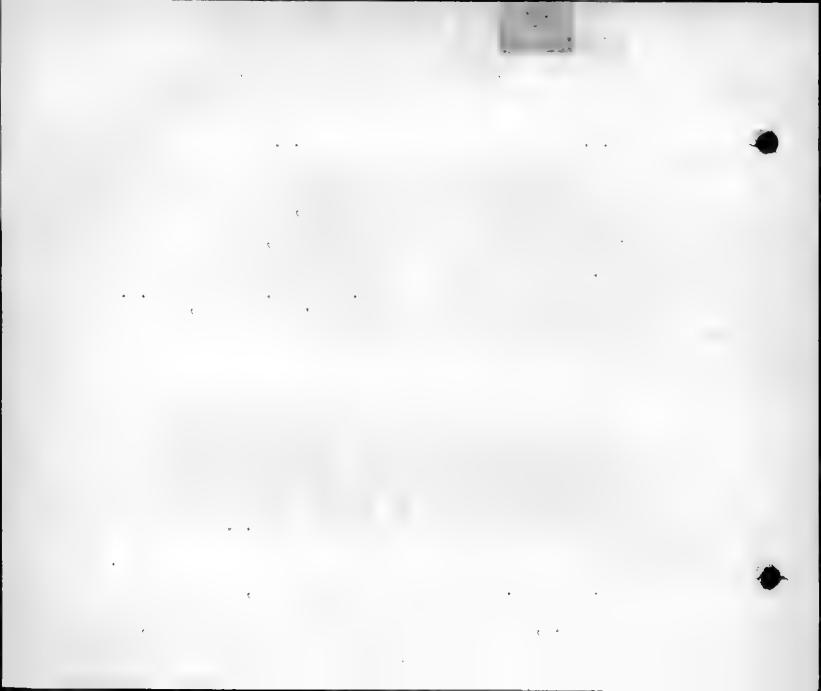
VS. A15ME 5M 2/57

220. BURIAL CREMATION. 226 DATE THEREOF REMOVAL ISPECIAL BURIAL Jan. 25.1



				IT OF HEAL	
DIVISION	OF STATISTICAL	RESEARCH AN	D RECORDS —	- BALTIMORE 1,	MARYLANI
	CE	RTIFICAT	F OF DE	ΔΤΗ	

0.	1333	CERTIFICA	TE OF DEATH		01216		
1. PLACE OF DEATH			2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Resider	nce before admission)		
W:	icomico	MARYLAND	Mary	land b. county Wic	omico		
b CITY OR TOWN (II RURAL and give_ne	f outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RURAL and	give nearest town)		
E)	ruitland		/ Fruit	tland			
OP INSTITUTION	AL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
P	.O.Box# 44(A	t Home)	P.O.1	Box# 44 (At Home	YES NO 🔀		
3 NAME OF DECEASED	First	Middle	last	4. DATE Month OF	Day Year		
(Type or print)	MILTON	THOMAS	OWENS	DEATH JANUARY	5th 19 62		
5. SEX		RIED NEVER MARRIED	B DATE OF BIRTH	last birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.		
Male	White WIDOW		March 2,189	98 63 yrs.			
during most of work	N (Give kind of wark dane 10b ing life, even if retired)	. KIND OF BUSINESS OR INDU	JSTRY 11, BIRTHPLACE (Stote of	or foreign country) 12.CII	IZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	perated Own	Shop	Cambridge,		SA		
	2 0			····			
William I		SOCIAL SECURITY NO. 172.	NECORIA A NIT	ra Carpenter	.		
	14 yes, give war or dates of service)	SOCIAL SECORITY NO.	rs.Beulan H.	Owens(Wifê)H.O. Cuitland Maryla	Box#44		
	TH [Enter only one couse per I TH WAS CAUSED BY				INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if or gove rise to it couse (o), stating the lying couse lost.	nmediate (CORON AI	- I N NYO	1 OVILLY	2		
PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMII	nal disease condition given in par	PERFORMED? YES NO K		
	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRING	ED. (Enter noture of injury in P	Part or Part II of item 18)			
20c TIME OF INJURY			LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.	, 20f. (City or town) (County) (Stote)		
ν p m.	N/A 19 While of wo	TADI MIIIIO	N/A	N/A			
21 I certify that (I) (this hospital) attended the deceased from 220 signature 220 Signature 220 Physician's NAME (Type) r. Robert T. Adkins Physician S. Robert T. Adkins NAME (Type) r. Robert T. Adkins NAME (Type) r. Robert T. Adkins							
23a BUR AL, CREMATION	N, 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, ar county)	(State)		
REMOVAL (Specify) Buriel	Jan. 7, 1962	Wicomico M	emorial Parl	Salisbury, Ma	rvland		
24, FUNERAL DIRECTOR'S		ADDRESS	2Sq. REC'D	BY REGISTRAR 2Sh REGISTRAR'S S	GNATURE		
HOLLOWAY	& COMPANY S	SALISBURY, MA	RYLAND DATE JA	¥ 8 '62 . ~	traus		



2. USUAL RESIDENCE (Where deceased tived. If institution: Residence before admission)
o. STATE Monare Toronto Decounty 1,114 a annual processing to the country 1,114 a annual processing to the country

01334

PLACE OF DEATH

e funeral director, hould be filed with

ino

It by the hospital or attending physician.

CTOR: After this certificate has been signed by the attending physician and completely filled be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 is detached for use as the burial, cremotion, or removal, and in any event, within 72 hours after death.

poge 3 show'd be the State Boord o TO FUNERAX

VR A15 (4) 1SM 9/59

	o. COUNTY	Wicomico MARYLAND				o. STATE Maryland b COUNTY Wicomico							
	b. CITY OR TOWN (If RURAL and give neg	outside corporate limitarest tawn) Parsonsbi		c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Personsburg)	
	d, NAME OF HOSPITA OR INSTITUTION	R.D.# 1	ive street or	ddress)		d STREET A	~~~	1			•	ON A	FARM?
3	NAME OF DECEASED (Type or print)	LARI	3.X	PRETITYMA	N	PARKER		4. DATE OF DEATH	JANU		261		9 62
S	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED [X]	B. DATE OF BIRTH			9. AGE (In years last birthday)	Number Number	1 YEAR	IF UNDE	R 24 HRS. Min.
_	Male	White	WIDOWED			Sept.9,		2	79 yrs.	14	17		
10	during most of working Merchant	N (Give kind of work on ng life, even if retired)		ocery Sto		R.D.#		_	untry) isburg,		IZEN OF U	WHAT C	ountry? }
13	FATHER'S NAME	·				14 MOTHER'S							
	Joshua J	.Parker				Laver	nia W	orkma	an				
15 (Yı	WAS DECEASED EVER	IN U. S ARMED FOR f yes, give wor or dates of st		OCIAL SECURITY NO	Mi	ss Deli Pars			r(Sist		.D.#	# 1	
	PART I. DEAT	'H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	(1/nh		•	read	elis	,				RVAL BE	
	Conditions, if an gave rise to im cause (a), storing the lying cause lost.	mediate ()		/								
FICATION		SELLANT GON	try	(visal)	ing	ection				EN IN PAR	T 1(o) 15	PERFO	NO 🔏
IL CERTIF	200 ACODINI WAS OR CONTRIBUTING I (IF EITHER, NOTIFY N	MEDICAL EXAMINER)	206/ DESCI	RIBE HOW INJURY O	P								
MEDICAL	20c TIME OF INJURY Haur a.m. p. m.	Manth, Day, Yea	While at wark	Not while	20e. PL foo	ACE OF INJURY II	dome, farm, bldg., etc.)	20f. (City	or tawn) N/A		County)		(State)
	saw the decease	(1) (this haspital) attende 2–5	and a fine	/	face /	12:00,	2, to/	- 26 - the causes an				we) last above.
	220 SIGNATURE	K to	well		V	ATTENDING		ECTOR	STAFF PHYS	Jan	.27	_	DATE SIGNED 962
	220 PHYS CIAN S NAME (Type)	.Frank R	.Lewi	.s		22d. ADDRE W111	ss Lards	, Mai	yland				
23	g. BURIAL, CREMATION REMOVAL (Specify) Burial	Jan 29		23c NAME OF CEM		emetery			ion (city, town, d Lisbury		vlar	(Stote	=)
24	FUNERAL DIRECTOR'S			ADDRESS				BY REGISTI		STRAR'S SI			
ŀ	HOLLOWAY (& COMPAN	Y SA	LISBURY,	MAR	YLAND	DATEN 3	0 '62	Tuth	us ? }	Tressel		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-	2. USUAL RESIDENCE (Where deceased lived, if tenst tutton: Residence Defore Edmission) e. COUNTY
	b. COUNTY WI COMICO MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	PENINSULA GENERAL HOSPITAL Route #50 (In Village) VES NOX
	(Type or print) OUSE ELIZABETH ARSONS DEATH JANUARY 7 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. Jest birthdey) Months 1 Days Hours 1 Min.
	TEMALE WIDOWED DIVORCED August 2,1901 60 yrs. 100. USJAL OCCUPATION (Give kind of work done during most of working life, even f relized) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Coun y & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Secretary-Real Estate Office Parsonsburg, Maryland U S A 14. Mother's Maiden NAME 14. Mother's Maiden NAME
	Laird W. Parsons (Deceased) 15. WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (Ifyesgivewerer delessefservice) Nrs. Carrie Bailey Nrs. Carrie Parsons (Mother)
	No 18. CAUSE OF DEATH [Enter only one ceuse per I ne for (e., (b), end (c).] PART IL DEATH WAS CAUSED BY: ONSH AND DEATH ONSH AND DEATH
	505 X DUE TO GO LE CALE OF JUST OF TOUR SULL GOODS
	(b) Clear Three part of the underlying of the un
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS A JTOPSY PERFORMED? YES NO
	20e. ACCIDENT WAS UNDERLYING CORED (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town, (County) (Stele) Hour e.m. p.m. N/A 19 at work et work
	21 certify that (I) (this hospite) attended the deceased from. May 1957, to Cou 1, 1962, that (I) (we) last
	saw the deceased alive on the causes and on the date stated above. 22e. SIGNATURE LOWAR C. July M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1/7/62 SIGNED
	22c. PHYSICIAN'S NAME (Type) r. Thomas C. Hill Jr. Pine Bluff Road Salisbury, Maryland
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify Jan. 10, 1962 Parsonsburg Cemetery Parsonsburg, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
•	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE JAN 9 '62 Cultury & Harris

188.8

MAR DIVISION OF STATISTICAL RESE	YLAND STATE DEPART	MENT OF HEALTH V. PRESTON STREET, BALTI	MORE 1. MARYLAND
01336	CERTIFICATE OF	7	01319
1. PLACE OF DEATH e. COUNTY Wicomico b. CITY OR TOWN (if outside corporate lim.ts, write RURAL and give nearest town) Willers d. NAME OF HOSPITAL OR INSTITUTION (if not in XX 3. NAME OF DECEASED (Type or print) First COLOR OR RACE 7. MA Female White wide 1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	MARYLAND c LENGTH OF STAY IN 16 25Yrs n hospital, give street address M ddle RANCES PETERS ON ARRIED NEVER MARRIED 8. DATE OWED DIVORCED SEPT OB. KIND OF BUSINESS OR INDUSTRY 11. B	SUAL RESIDENCE (Where deceased I STATE Maryland CITY OR TOWN (If outside corporate Im Willards STREET ADDRESS RFD Last DEATH Ja OF BIRTH J. AGE (I last bir 4.29, 1919 4.2	Month Dey Year No Thomas January 15 1962 19 In years FUNDER 1 YEAR FUNDER 24 HRS. Indian Months Days Hours Min.
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [Ifyeegive were relates of service] XX XX 18. CAUSE OF DEATH [Enter only one ceuse PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any; which gave rise to immediate ceuse (a), steting the underlying ceuse lest. PART I OTHER SIGNIFICANT COND TIONS PART I OTHER SIGNIFICANT COND TIONS 20e. ACCIDENT WAS ADMITTING [1] 20e. OR CONTRIBUTING [1] AUSE OF DEATH	16. SOCIAL SECURITY NO. 17. INFORM XX Sturg Per line for (e), (b) and (c).) MARKET CONTRIBUTING TO DEATH BUT NOT RELATE Malory infections	a Peterson Willa	INTERVAL BETWEEN ONSET AND DEATH
UIF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2	trended the deceased from 19.5 and that death	19 tol 3 n occured at Att. M, from the contrehence of the contrehe	tauses and on the date stated above 22b. DATE SIGNED



Division of STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND** Item 9 Film-G30 USUAL RESIDENCE (Where decaesed lived, If institution: Residence before edm ssion) PLACE OF DEATH a. COUNTY Health, e. STATE b. COUNTY files. Maryland Wicomico MARYLAND Widomido b. CITY OR TOWN (f outside corporeta I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate fimits, write RURAL end give nearest town) write RURAL and give nearest town) Salisbury
d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and 3 to the funer may be retained 2 with the State YES TO NO Peninsula General Hospital Blvd. death. Manoa DATE Month DECEASED OF 426 5 may 1 and 2 with 2 hours after o (Typs or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Postlev 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours WIDOWED [DIVORCED OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? nould be executed within 24 hours af " in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page burial-transit permit, File pages 1 at during most of working life, evan if ratired) ANOUUS. MATHER'S NAME SIDECEASED EVER IN DE ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, Ab, or unkown) ((fyasgivewerordetasofservize) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Acute pulmowary edema Hours removal, DUE TO Conditions, if any, Aortic stenosis. (6) Years gava rise to immediate cause Ю Medical Examiner's DUE TO [e], steting the undarlying SE cause last. be used cremation, PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS should CERTIFI 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Pert II of Itam 18.) PRIMARY [7] or CONTRIBUTING [7] CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not Whila at work at work prior D.m. 21. I certify that I took charge of the remains described above, held an Autopsy L Inquiry | Inspection and in my opinion designated agent, death resulted from: Natural causes | v Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Roy DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 7 And angen 24 BURIAL, CREMATION. (Stete) LOCATION (City flown, or country) REMOVAL (Spacify) Ö 23. FUNERAL DIRECTOR REC'D BY REG STRAR 24b. REGISTRAR'S SIGNATURE A15ME

AARYLAND STATE DEPARTMENT OF HEALTH

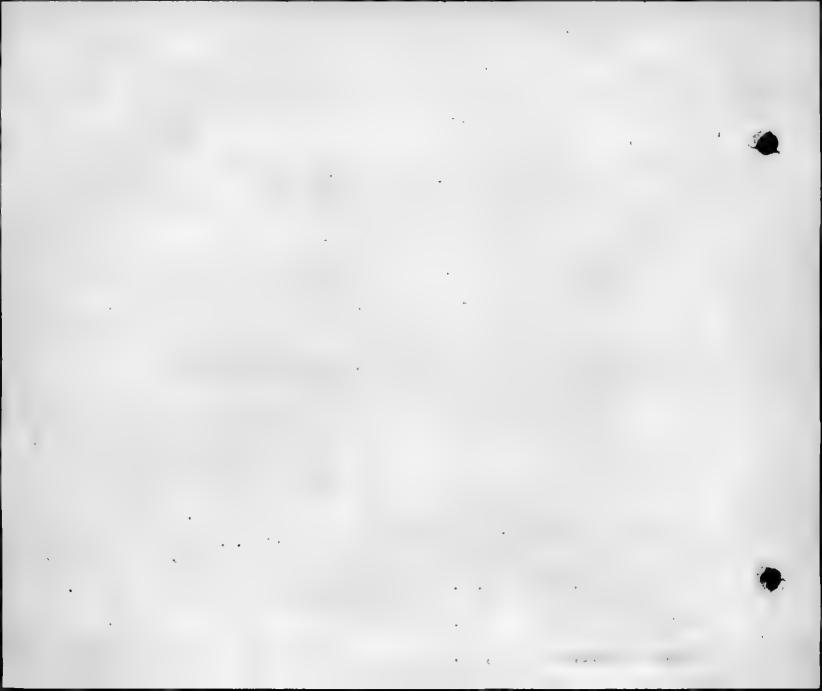


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY						esidence before admiss on)		
1	Wico	mico	MARYLAND	a. STATE Marv		b. COUNTY	Somerset		
ľ	b. CITY OR TOWN (if outside write RURAL and give n	la corporele limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)					
1	Salisbury		3,117 days	Marion S	tation	1 ~7	8.7		
1	d. NAME OF HOSPITAL OR	INSTITUTION (if not in he	ospital, give street address)	d STREET ADDRESS	_	1	e. IS RESIDENCE		
	Deer's Hea	d State Hosp	ital	RFD			ON A FARM?		
	3. NAME OF DECEASED	First	M ddle	Last	4 DATE OF	Month	Dey Year		
	(Type or print)	Page	E.	Pusey	DEATH	January	31 19 62		
ľ	5. SEX 6. CO	OLOR OR RACE 7. MARR	IED NEVER MARRIED B	DATE OF BIRTH	9. AGE	(In years IF UNDER 1			
	Male 1	White widow	1	18"	72 89°	yrs. Months C	lays Hours Min.		
	10a. USUAL OCCUPATION (G dona during most of working In	ive kind of work 10b.	KIND OF BUSINESS OR INDUSTR	11, BIRTHPLACE Count	y & Stete, or foreign	country) 12. CITI	ZEN OF WHAT COUNTRY?		
	Sawyer	10, 0 (0) 11 (0) 110 (1)	Lumber	Maryland		US	5A		
V	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		_		
1	Levin Puse	ey		Unknown					
	15. WAS DECEASED EVER IN U	.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 I	NFORMANT		Address	_		
	No	None 2	12-16-1609 Mr	s. Lola Gaylo	or, Washin	gton, D. (J.,		
	18. CAUSE OF DEATH		line for $\overline{(e)}$, (b) , end (c) .,				INTERVAL BETWEEN ONSET AND DEATH		
1	PART I. DEATH WAS	IATE CAUSE (a) PI	ulmonary edema				12 hours		
1	77	DUE TO	•						
	Conditions, if any, while		rteriosclerotic	cardiovascul	lar diseas	е	Years		
	gave risa to immediate ceu (a), stating the underlyin	> DUE TO							
	couse lest,	-) (c) A1	rteriosclerosis	, general		_	Years		
1	PART #1. OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDIT	ON GIVEN IN PART	PERFORMED?		
	20a, ACCIDENT WAS UNI	DEPLYING TI + 20h DE	SCRIBE HOW INJURY OCCURED.	(Enter nature of initiation P	had I as Bod II as ham	10.1	YES K NO		
- !		USE OF DEATH	SCRIBE HOW INSURT OCCURED.	fruet sende of tulning in r	and for Lett in old lett	. '0)			
	20c. TIME OF INJURY Hour s.m.	Month, Day, Yeer 20d.		CE OF INJURY (Home, farm, ary, street, office bldg., etc.)		n) (Coun	(Stete)		
	D.m.	19 el wo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
1	21. I certify that (I)	(this hospital) atter	nded the deceased from	July 20 1	1953, toJan		2 that (I) (we) last		
1	saw the deceased all	ive on Jan.	3119.62, and that	death occured at	M, from the	causes and on th	e date stated above.		
-	22e. SIGNATURE	1 6		10:	BO PANA		22b. DATE		
1		V. Juerun	au. M.	D. PHYS. DI	RECTOR PHY		2/1/63		
1	22c. PHYSICIAN'S NAME (Type)	Doom La Hook	d Unanital	. 0-7:	161				
	<u> </u>	V. Juerman,		Deer's Head					
- 1	23e. BURIAL, CREMATION, 2 D. REMOVAL (Specify)	36 DATE THEREOF	23c, NAME OF CEMETERY C			(City, fown or county			
11	puriai	2/3/62	St. Faul's Cer			tation, Mo			
- 1	24 FUNERAL DIRECTOR'S SIGN		ADDRESS		D BY REGISTRAR 12	25b. REGISTRAR'S 5 ر جستگاہہ کا			
1.	Bradshaw & Sons	s, Crisileld	, Ma.	DATE		C	N, FLATAGE		



2

	MARYLAND STATE DEPARTMENT OF HEALTH							
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
	01339	CERTIFICATI	OF DEATH		_ 11147			
	LAGE OF DEATH			(Where decessed Lived, if institution of the country)	utlon: Residence before edmission)			
	CITY OR TOWN (if outside corporate limits, write RURAL end-give neerest town)	c. LENGTH OF STAY IN 16	72. CITY OR JOWN (IF OR	its de corporete limits, write RUI	(LD 201 (C) RAL end give neerest lown)			
-	NAME OF HOSPITAL OR INSTITUTION (If not in hose	otel, give street eddress)	d. STREET ADDRESS	-9	e, IS RESIDENCE ON A FARM?			
1	DINSULA Hene JAME OF JECEASED Kype or print! BO + +	Middle	1 /	DATE Month OF DEATH	YES NO 2-			
5. 5	EX 6. COLOR OR RACE 7. MARRIER Than 1 = 11/h; te widower	THE TER MARKET L	DATE OF BIRTH	8. AGE (In years If u lat bighday) yrs.				
10e, don	e during most of working life, even if retired)	NO OF BUS NESS OR INDUSTR	Y 11 SUPPLACY (Courty)	State or foreign country)	12, CITIZEN OF WHAT COUNTRY			
13	WING COL		14. MOTHER'S MAIDENINA	Hownia	end			
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	SOCIAL SECURITY NO. 17, 1	NEGRMANT	Address				
	PART I. DEATH WAS CAUSED BY I IMMEDIATE CAUSE (e) DUE TO	I monary	elleme	a l	INTERVAL BETWEEN ONSET AND DEATH			
	(e), steting the underlying	ongestive	nearly	uline	12 44			
ATION	PART H. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART T(e) 19. WAS AUTOPSY PERFORMED? YES NO			
CERT	200. ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert	For Pert II of tem 18.)				
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. I Hour e.m. While p.m. 19	Not While fect	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Slete)			
	21. I certify that (I) (this hospital) attends saw the deceased alive on If I will	4 60	/	-				
	Deorge A. Ger	even ; M	, , , , , , , , , , , , , , , , , , ,	CTOR PHYS.	22b. DATE SIGNED			
	PHYSICIAN'S ONAME (Type)	,	FRUIT	tland,	Md.			
21.2	BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY	ameter /	Me Kan	in My			
24	ein 17. Milso	JPr. an	1 SAN SAN	BY REGISTRAR 256. REGIST	RARIS JIGNATURE			



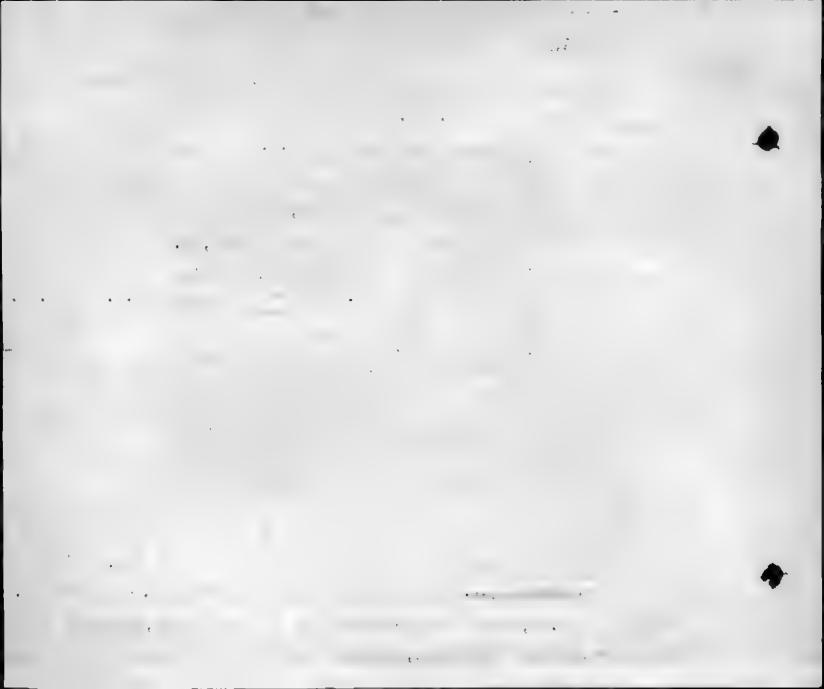
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01340	CERTIFICATE OF DEATH	41322 _
1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased live	d, If institution: Rasidanca before admission)
a. COUNTY	MARYLAND * STATE Maryland b. C	Wicomico
b. CITY OR TOWN (if outs de corporete limits,	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits,	
writa RURAL and give nearest town)	V C-24-2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	2Yrs.9Mos.10Days Salisbury	. a. IS RESIDENCE
	1 77 11 2 10	ON A FARM?
Deer's Head State		
3. NAME OF First DECEASED	OF	Month Day Year
(Type or print) Emma		anuary 26 19 1962
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In)	yaars IF JNDER I YEAR IF UNDER 24 HRS.
Female White WIDOWED		day) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b, KI)	ND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign county	untry) 12. CITIZEN OF WHAT COUNTRY?
House Work at Home	None Wicomico County, Md	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- 1 -0 11 11 -
Henry Clay Mills	Mary Ellen Phillip	a
- V	SOCIAL SECURITY NO. 17, INFORMANT	drass
(Yas, no, or unkown) (If yes give war or dates of sarvice)	Mrs. Hoxie Wells (Daugh	ter)R.D.#5 Sal.Md
NO 18. CAUSE OF DEATH [Enter only one cause per life	Hospital Records Sal	isbury, Maryland
TARREST TO A CONTROL OF THE CONTROL		ONSET AND DEATH
IMMEDIATE CAUSE (a) Bro	nchopneumonia - Chronic	Month_s
332 V DUE TO		37
	eriosclerosis, General	Years
gave rise to immediate cause (a), stating the underlying DUE TO		
couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Recurrent_Cerebral	Thrombosis due to arteriosclerosis	YES K NO
E 20a ACC DENT WAS JNDERLYING ☐ 1 20b. DESC OP CONTRIBUTING ☐ CAUSE OF DEATH	CRIBE HOW INJURY OCCURED. [Enter nature of Injury in Pert I or Pert II of Itam 18	.)
E 20a ACC DENT WAS JNDERLYING ☐ 20b. DESC OR CONTRIBUTING ☐ CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ZOc. TIME OF INJURY Month, Day, Year 20d. 11	NJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 1 20f. (City or fown)	(County) (State)
ZOc. TIME OF INJURY Month, Day, Year 2Dd. II Hour a.m., While el work	Not While fectory, street, office bidg., etc.]	
	ted the deceased from 1/21/59 19, to 1/26	762 10 0 0 0 0
	19 , and that death occured at. 5PM, from the cau	uses and on the date stated above,
220. SIGNATURE	ATTENDING MED, STAFF	SIGNED
V. Jueru	M.D. PHYS. DIRECTOR PHYS.	LJ Jan. 26/1962
22c. PHYSICIAN'S NAME (Type)		77
V. Vuerman, M.		Hosp Salisbury, Md
236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CIT	ty, town or county) (Stata)
Burial Jan. 29, 1962		ury, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 258. REC'D BY REGISTRAR 256	OUTHUR & HUMA
HOLLOWAY & COMPANY SA	LISBURY, MARYLAND DATE JAN 3 0 '62	STOCK THAT A. I CANUAGE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in by may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely a 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou TO FUNNE. TO HOSPITA VR A15 (4) 15M 9/60



- 1		tems 128521 Film 305 MARYLAND STATE DEPARTMENT OF HEALTH
1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STA	TE	01341 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
IEALTH D	EPI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed I vad, if institution; Residence before edmission) a. COUNTY b. COUNTY
Page les.	~!	Wicomico Maryland Wicomico State Maryland Wicomico
SEE T	M)	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
T S S S S S S S S S S S S S S S S S S S	773/I	Salisbury Salisbury (Rural)
oar oar	X	d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		R.D.# 1 YES NO [X]
any le fu stair Stair deat		3 NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
H by the termination of the term		(Type or print) ERNEST H. RIGGIN DEATH JANUARY 8 1962
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS Inst birthday) Months Devs Hours Min.
2 3 m	•	Male White WIDOWED NOV. 25, 1889 72 yrs. 1 13
Satt Sage		done during most of working life, even if ratirad
ges ges Pa	-	Retired Farmer Farming Worcester Co. Maryland U.S.A.
24 h 9 Pa 9 M3 Pag with		
E E E		Sidney Riggin Martha Timmonds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address.
¥ 1. 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 .		(Yes, no, or unknown) (Ifyasgivewarordetasofservice) Nrs. Katherine A. Howard (Daughter) R. D. #Z
ted kern with		No Snow Hill, Maryland INTERVAL BETWEEN
in bung		PART I. DEATH WAS CAUSED BY: Free Council to Gold
oncil oncil a alc		937 Due to
n pe ffice urial		Conditions, if any, which \ (b)
Short Short		gave rise to immediate causa
ate iner iner	5	cause last. (c)
wam xam		PART I. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
P P P P P P P P P P P P P P P P P P P		Second degree burns of 15% body surface YES NO K
Thi adic	;	Second degree burns of 15% body surface Second degree burns of 15% body surface YES NO K 206. EXTERNAL CAUSE WAS PRIMARY 0 or CONTR BUTING 10 per location 10 per loc
お子が		Sell with not litual
Sing Sing Sing Sing Sing Sing Sing Sing	3	20c. TME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour, e.m. / p.m. 1 6 19 62 at work of the wo
XAI We he y	5-11	
Sept Sept Sept Sept Sept Sept Sept Sept	3	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opinion
S C S S S S S S S S S S S S S S S S S S		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
the character war	0	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
A P		SIGNATURE M.D.
PUT ME		EXAMINER'S Dr. Earl I. Royer DEPUTY MED CAL EXAMINER & Jan. /0 /196
A4 0 3 6		22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER OR CREMATORY 22d. LOCATION (City, lown, or country) (Steta)
A Sho		Burial Jan.11,1962 Parsons Cemetery Salisbury, Maryland
H H	0	23. FUNERAL DIRECTOR ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	Ch.	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE JAN 17 '62 Outling & Konne
	4)	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01342 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE **b.** COUNTY ICOMICO the d MARYLAND Virginia Virginia

Accomack

c. C.TY OK TOWN (If outside corporata tim is, write RURAL and give neerest town) b. CITY OR TOWN (if outs de corporate imits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 50/1504/4 Atlantic within d. NAME OF HOSPITALOR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE ON A FARM? YES NO TH 3. NAME OF DATE Month Year paper OF DEATH (Type or print) 1962 anuaru 6. COLOR OR RACE 7. MARRIED 5. SEX AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. pue last birthday) Months W-DOWED 7 DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Self Accomack County Va. 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME George Reed Sr. Amy Jester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detas of service) Mrs. Etta Gunter, Atlantic, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause **DUE TO** (e), stating the underlying the buburial. cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? Sign NO I 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Port II of Itom 18.) After this (Stete) 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work CTOR: 21. I certify that (I) (this hospital) attended the deceased from. 1-6 DIRE(22b. DATE 22a, SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Maryland filed . 23a. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Weterans Cemetery 0 New Jersev Reverly 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) century & Thous MM 9/60

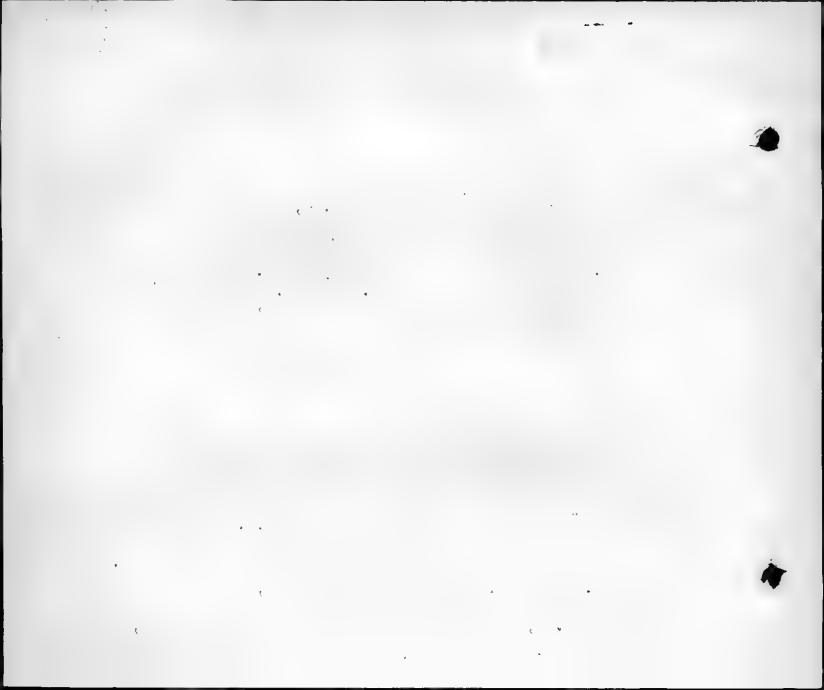


0.2070									* * *	
1	1 PLACE OF DEATH G. COUNTY	comico		MARYLAND	2 USUAL RESIDENCE (W	here deceased live	d If institution: Ь. COUNTY	Residence before Wicomi		1
	b. CITY OR TOWN (RURAL and give n	If autside carporate limits,	, write c. LENGTI	H OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RUR			
-	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, giv n Gen Host	· ·		d. STREET ADDRESS	-	St		ON A FA	ARM?
	3. NAME OF DECEASED (Type or print)	ALICE		Middle	ROSS	4. DATE OF DEATH	JANUA	RY 16	y Yee	1-
	s. sex Female	6. COLOR OR RACE	MARRIED NEW	VER MARRIED [Sept. 4.18	la la		Honths Doys	Haurs 2	24 HRS. Min
	10a USUAL OCCUPATION during most of wor	ON (Give kind of work do king life, even if retired) K at Home		usiness or indi	New Jers	e ar fareign country	n	US A	WHATCOL	JNTRY?
1	Stephen	R. Howell			Margaret		e V			
/	15. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dores of serv	ES? 16. SOCIAL SE	CURITY NO	r. Howard G. Salisbur	Ross (Hu		734 Ro	gers	St
	Canditians, if a gave rise to cause (a), stating lying cause last.	the <u>under-</u> DUE TO	Ant. Car	rdias reina	lange of all and the	Trucke Flore	1		2 de	ay
er.	CATIC				T NOT RELATED TO THE TERM ED. (Enter nature of injury in			(IN PART ((d)	PERFORM YES 1	NED?
	l -:	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year	N/A	URRED 20e. P	LACE OF INJURY (Hame, far actory, street, affice bldg., et	m, 20f. (City or I		(Caunty)		(State)
		at (I) (this hospital) sed alive an	-attended the d	leceosed from	death occurred of 52	AED SIRECTOR D		19 62th an the date	stoted o	bove.
	22c PHYSICIAN'S NAME (Type)	Dr.Willian	n B.Smit	h	22d ADDRESS Salisbur			Jan./		902
	REMOVAL (Specify Buria	1 Jan. 19, 1	1962 W1		Memorial Pa		lisbur	y Mary	makes No. 1 allowed to 1978	
	HOTLOWAY		ADDI SALIS	ress Bury, Ma		AN 1 9 62		PĂR'S SIGNATŬI		

e funeral director, auld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reward by the haspital or altending physician

TO FUNERA

***CTOR: After this certificate has been signed by the attending physician and completely filled page 3 shawa be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remayol, and in any event. VR A1S (4) 1SM 9/59



VR A1S (4) 1SM 9/59

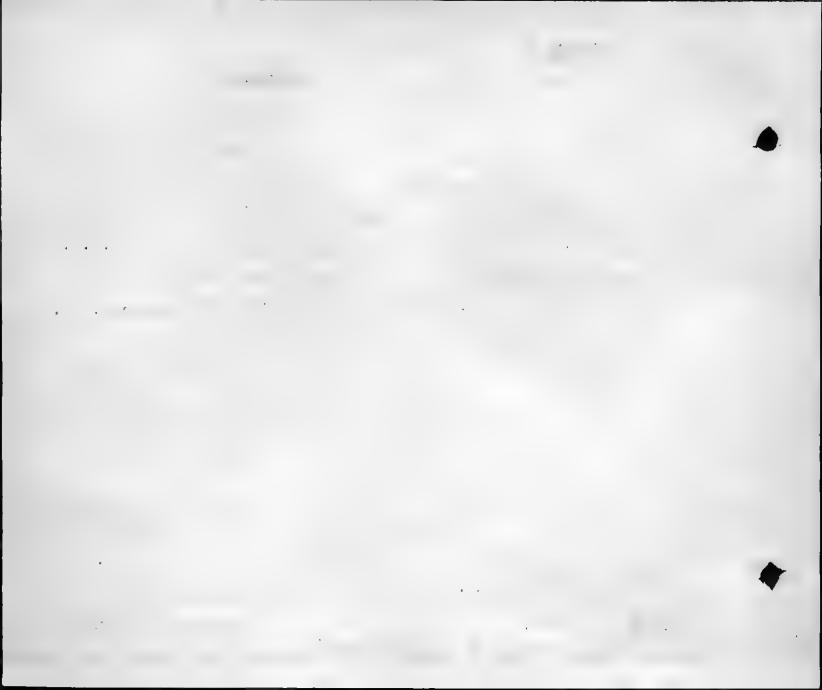
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01344

01326

	1. PLACE OF DEATH	Lcomico		MAR	YLAND	2 USUAL RESID o. STATE	erce (who	ere decesses Ond	d lived. If instituti b, COUNTY	on Residenc	e before admi	ssion)
	RURAL ond give ne	outside corporate limit arest town) Prsonsbur		LENGTH OF STA	Y IN 16	1/	`	uside corpo	rate limits, write R	URAL and g	ive nearest tov	vn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION IN V111age				d. STREET ADDRESS In V111age s is residence on a farm? YES \(\text{NO} \) NO \(\text{NO} \)							
	3, NAME OF DECEASED (Type or print)	JOHN.		MIDAMIN		tost HOCKLE		4. DATE OF DEATH	JANU		Doy 16	Yeor 19 62
)	5. SEX Male	6 COLOR OR RACE White		NEVER MARR	RIED B	June 4	. 188	34	9. AGE (In years lost birthdoy) 77 yrs.		YEAR IF UNE	DER 24 HRS
	100 USUAL OCCUPATION during most of work during most of work net 1 red F8 13. FATHER'S NAME EMORY SY 15. WAS DECEASED EVER 1 (1 red from 1 red	armer & C	erpen	ter	OR INDUST	Wicor Wicor 14. MOTHER'S Laver ORMANT S. Amand	mico Malden N nia l	Co. Figgs	Marylar	rd Te)	US A	COUNTRY?
	Conditions, if or gove rise to in couse (o), stoting lying couse lost.	nmediate (DUE TO	a	Core	na	levolice NOT RELATED TO	THE TERMIN	nut est	Lossa Lossa E CONDITION GIT	/EN IN PART	PERF	D DEATH
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yec	N/a 20d. INJU	A RY OCCURRED Not while of work	20e. PLA	(Enter nature of CE OF INJURY (Fory, street, office	lome, form,	, 20f (City		(C	ounty)	(Stote)
		(I) (this haspital ed alive an 1.1.) Control Philip	15		d that de		at	M, fram	the causes are STAFF J	an the	date state	d abave. 2b DATE SIGNED
	23a BUR AL CREMATION REMOVAL (Specify) DURIA		1962	3c NAME OF CEAL		crematory ch_Ceme		23d LOCA	TION (City, town,	or county)		ote)
	24 FUNERAL DIRECTOR'S HOLLOWAY	& COMPAN	Y SAI	ADDRESS LISBURY				D BY REGIST		STRAR'S SIG		



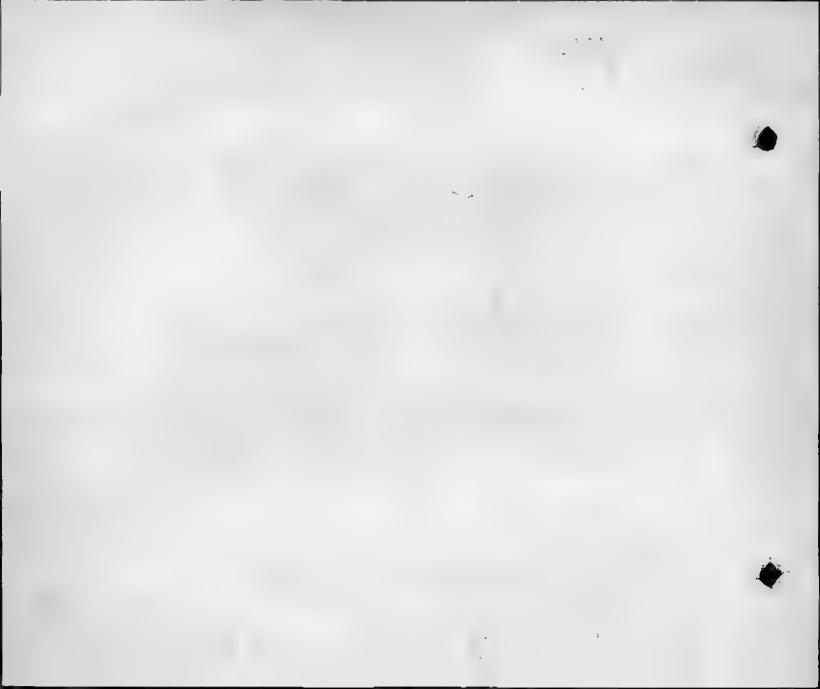
	MAKTLAND STATE DE	. 301 W. PRESTON STREET, BALTIMOR	E 1. MARYLAND
	01345 CERTIFICATI	E OF DEATH	01327
1.	PLACE OF DEATH a. COUNTY IN COMICO MARYLAND b. CITY OR TOWN (if outside corporata limits, write RURAL and give general lown) C. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased fived, if ins a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write R	Caroline -
	Sclisbury, Maryland lyr 6mo 28days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address)	Ridgely d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
5.	Female Negro widowed Divorced N	None 4. DATE Month OF DEATH Jan DATE OF BIRTH P. AGE (In years In the state of birthday) AGE (In years In the state of birthday) A Syss. 78 yrs.	Pay Year 62
de	I. USUAL OCCUPATION (Give kind of work ne during most of working life, even if refired) Housewife FATHER'S NAME I 10b. KIND OF BUSINESS OR INDUSTR' None	Y 11. BIRTHPLACE (County & State, or foreign country) Maryland 14. MOTHER'S MAIDEN NAME	U.S.A
15. (Y	Charles H. White WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Exp. or unknown) (lives give were or detector service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, Carcinoma of brest	Edward Smith Ri	Ldgely Md ONSET AND DEATH
AL CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of Item 18.)	PERFORMED? YES 1 NO 1
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While at work at work at work 19 21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on an 6	death occured at32M, from the causes an	d on the date stated above 22b. DATE SIGNED Jan. 7, 1962
	Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 1-10-62 Cokers FUNERAL DIRECTOR'S SIGNATURE	Greensboro	Maryland
ť	fire cooner of. person	DATE JAN 9 '62	Mar S. House



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ö Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Pen Gen Hospital West Main St YES NO X retaine 3. NAME OF DATE Middla DECEASED (Type or print) ERVIN LEE SMITTH DEATH TANHARY 13th 19 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF 8 RTH 19. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 may 1 last birthdey) Male March WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, even if retired) Refrigazation & Elect. Repairman Sussex Co.Delaware pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie E. Records Lorenzo W. Smith File Mrs. Ethel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | Byrd Smith(Wife)904 Salisbury, Maryland (Yes, no, or unkown) | (If yes give war or datas of service) 18. CAUSE OF DEATH lenter only one cause per line foote), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if env. which geve rise to Immadieta cause DUE TO (a), stating the underlying used lion, o PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? NO F pluous 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 2Dd, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) factory, street, office bldg., atc.) While Not While the Pr at work st work 50 4 % 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion forwarded to DIRECTO death resulted from: Natural causes Accident Suicide I Homicide Undetermined manner CHIEF MEDICAL EXAMINER SIGNATUREDY EAT ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 DATE SIGNED DEPUTY MED CAL EXAMINER DEPU NAME (Type) Address (Street, city, town, or county) 228, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 240 p Wicomico Memorial Park-Salisbury, Maryland Jan. 17/1962 Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE JAN 1 9 '62 5M 9/60 Sarry & There



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) COUNTY e. STATE **6. COUNTY** by the land 2 seed death. DICOMICO MARYLAND WICOMICO b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete | m ts, write RURAL end g ve neerest town) write RURAL end give neerest town) SALISBURY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) MARDELLA e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO IENIN SUL NAME OF Last 4. DATE Month DECEASED OF (Type or print) DEATH 1962 ENRU ANUARY STANI 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months, Devs Hours WIDOWED [DIVORCED [physician 10a. USJAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 13. FATHER'S NAME please then please and 16. SOCIAL SECURITY NO. 1 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] þ ONSET AND DEATH physicia gned by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if eny, which peen (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19, WAS AUTOPSY certificate PERFORMEO? NO L 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) . [Stete] factory, street, office bldg., etc.) Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from JUNE 1960 to JOM, 31, 1962 that (I) (we) last saw the deceased alive on San 30196. Z., and that death occured a ZAM, from the causes and on the date stated above 22e. SIGNATURE ATTENDING SIGNED ന (M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNE Port pa NAME (Type) director, post be filed v 123c. NAME OF CEMETERY OF CREMATORY 23a. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4)



1

MARYLAND	STATE	DEPARTMENT	OF	HEALTH	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
a. COUNTY Wicomico Maryland	a. STATE b. COUNTY Maryland Wicomico					
b. CITY OR TOWN (if outside corporata limits, c, LENGTH OF STAY IN 1b	Maryaand Wilcomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					
write RURAL and give nearest town)						
Salisbury 9 Mos. 15 Day						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?					
Deer's Head State Hospital	Schumaker Rd. YES NO K					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Typa or print) Amelia Catherine	Townsend Jenuary 13 19 62					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
Female White WIDOWED DIVORCED	Apr. 5, 1880 st birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Housewife Own Home	Maryland U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Samuel Shockley	Henrietta Wewster					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I						
(Yas, no, or unkown) (Ifyesgivewarordatasofsarvica)						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	Hospital Records Salisbury, Maryland					
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
IMMEDIATE CAUSE (a) Cor Pulmonale	?					
DUE TO						
Conditions, if any, which (b) Emphysema Pu	lmonary					
gava rise to immediata causa						
(a), slating the undarlying DUE TO						
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS ALTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Tracheobronchitis 20. Accident was underlying 20b. Describe How injury occured OR CONTRIBUTING CLAUSE OF DEATH If If Either, Notify Medical Examiner,	PERFORMED?					
Tracheobronchitis						
20a. ACCIDENT WAS UNDERLYING 40b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH						
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., atc.)					
p.m. 19 at work at work						
21. 1 certify that (I) (this hospital) attended the deceased from 3/29/61, 19, to 1/13/52, 19, that (I) (we) last						
saw the deceased alive on 1/13/62 19, and that	death occured at a.sM, from the causes and on the date stated above.					
22a. SIGNATURE 1. /	/15A_i/_ 22b. DATE					
Juliuan.	D. PHYS. DIRECTOR PHYS. 1/13/62					
22c. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) V. Jueman, M.D.	Deer's Head State Hospital - Salisbury					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)						
REMOVAL (Spacify)						
Burial 1-16-1962 Wicomico Memorial Park Salisbury, Md.						
IAN 1 6 162 77 - 8 47 14						
Hill & Johnson Funeral Home, Salisbury, Md. DATE HOW TO DE LORDE A. TOWN						



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before dimission)				
Wicomico County Many	AND SIATE Maryland Somerset County				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STA					
write RURAL and give nearest town) Salisbury 977 day	Crisfield 127.1				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street addre	(a. IS RESIDENCE				
Deer's Head State Hospital	Mariners Road ON A FARM?				
3. NAME OF First Middle	Last 4. DATE Month Dey Year				
(Type or print) John Alfred	TURPIN DEATH January 5 162				
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
Male White WIDOWED NO DIVORCED	T Months Deys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. B RTHPLACE (County & Stella, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Farmer Farming	Maryland (Kingston) USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Alfred Turpin	Elizabeth Bell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. INFORMANT Address				
(Yes, no, or unkown) ((Ifyesgivewerordetesofservice)	Mrs. Alvin StantMariners Rd Crisfield, Md.				
18. CAUSE OF DEATH [Enter only one ceuse per one for (a), to,, end (c)	INTERVAL BETWEEN				
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	My Cardial Tailure 2 da				
11 - 1					
TO CO DUE TO PRINCE IN	sed atticios eleron 5 yrs				
Conditions, it eny, which by geve rise to immediate ceuse	get area cop anoun of the				
(e), sletting the underlying DUE TO					
couse lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AU PERFOR YES N					
				OR CONTRIBUTING CAUSE OF DEATH,	OCCURED. (Enter nature of injury in Pert I or Part II of Itam 18.)
	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.]				
Hour a.m. p.m. 19 et work at work	ment f, and any antita any g, and f				
	from May 4 159, to Jan. 5 1962, that (I) (we) last				
	nd that death occured at/M, from the causes and on the date stated above.				
22e. SIGNATURE					
And Lauren	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 21/5/62				
22c. PHYSICIAN'S	22d. ADDRESS Deer's Head State Hospital				
NAME (Type) Lee L. Lawry, M.D.	Salisbury, Maryland				
236. BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CE	Dailbouly a real y latin				
REMOVAL (Specify) Burial Jan. 7.1962 Sunnyridge Cemetery Crisfield, Md.					
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE					
Bradshaw & SonsCrisfield,	Md. DATEN 8 162 Centry & House				
l/	SIRIE O UZ TOURING A TOURING				



VR A15 (4)

1, F

3.

5.

10a. don 13.

15. (Yes

CERTIFICATION

MEDICAL

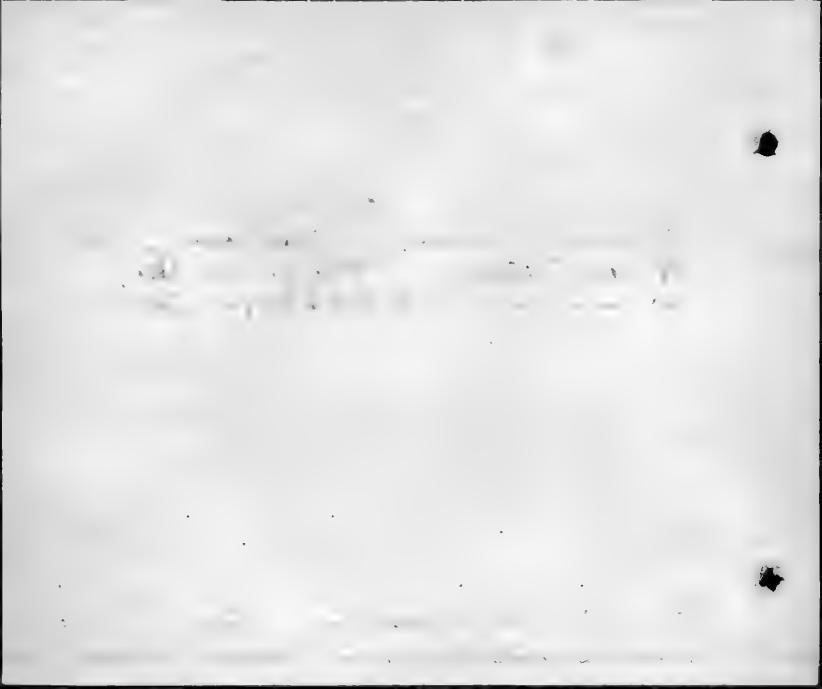
41

	EPARTMENT OF HEALTH
01350 CERTIFICAT	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH () 1 2 3 9
LAGE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury 20 days	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Easton 2029.2
Deer's Head State Hospital	d. street address Lili Graham Street on a farm? YES \(\) NO \(\)
IAME OF First Middle ECCEASED Yop or print) EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	Turpin DEATH January 22 19 62 8. DATE OF B.RTH 9. AGE (In yeers F UNDER 1 YEAR F UNDER 24 HRS. 10
USUAL OCCUPATION (G ve kind of work defined) WAS DECEASED EVER IN U.S. ARMED FORCES? 10. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) L. G.	MARY JAMES JOHN S. A
Bronchopneumonia	D. (Enter neture of injury in Part I or Part Ir of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) clory, street, office bldg., etc.)
	Jans. 2, 1962, to Jans, 1962., that (I) (we) last at death occurred at

uerman ATTENDING MED. DIRECTOR STAFF PHYS, M.D. 22d. ADDRESS Deer's 22c. PHYSICIAN'S NAME (Type) Juerman, M. D. Head Hospital; Salisbury,

Richards Cem. CREMATION, 23b. 23 BURIAL, PROVAL LOCATION (City, town or county) (State) EASTON ₫. DIRECTOR'S SIGNATURE

OADDRESS. 25a. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATE JAN 3 0 '62



HOLLOWAY & COMPANY

		MARYL	AND	STATE	DEPA	RTMENT	OF	HEALTH
--	--	-------	-----	-------	------	--------	----	--------

DIVISION OF STATISTICAL DESEABCH AND DECORDS 301 W DESTON STREET RAITIMORE 1 MARYLAND

0	1351	CERTIFICATE	OF DEATH		01333
1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (1 convite RURAL and gi	outs'da corporatemits,	MARYLAND c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (WI a. STATE Maryla c. CITY OR TOWN (If outs.d	nd b. COUNTY	Wicomico RAL and give neerest town)
Plnivso 3. NAME OF DECEASED (Type or print)	Plare	ALICE ///e	R.D.# Last D. Last D. Last D. Last D.	EATH January	a. IS RESIDENCE ON A FARM? YES NO TO THE PROPERTY NO THE PROPERTY N
Female Toa. USUAL OCCUPATION dona during most of worki House Wo 13. FATHER'S NAME	ng life, even if relired)	WED DIVORCED AC. KIND OF BUSINESS OR INDUSTRY None	ril 22,1887 ii. BIRTHPLACE (County & Str. Canada 4. MOTHER'S MAIDEN NAME	V /4 yrs.	Who was a second of the second
(Yes, no, or unkown) (Ifys		1	Jean Preston		D.# 2
Conditions, if Yny, gave rise to immediate (a), stating the und cause last.	WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO Which a couse erlying DUE TO (c)	etusloses f	in Caux	en flæ	ONSET AND DEATH
PART II, OTHER S OR CONTRIBUTING [1] (IF EITHER, NOTIFY M	UNDERLYING [] 20b. (ONTRIBUTING TO DEATH BUT NOT			N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
Y 20c. TIME OF INJURY Hour a.m.	19 W	hila Not Whila factor	E OF INJURY (Home, farm, 20f y, street, office bldg., etc.)		(County) (Stata)
21. I certify that saw the deceased 22a. SIGNAPURE	115 1	ended the deceased from	ATTENDING MED. PHYS. DIRECTO	From the causes and	1-13-62 S.GNEL
238. BURIAL CREMATION REMOVAL (Specify) Burial	Jan. 18 16	23c. NAME OF CEMETERY OF 2 Wico Memori	al Park	LOCATION (City, fown of Salisbury, REGISTRAR 25b, REGISTRAR	Maryland

JAN 1 7 '62

DATE

arthur & Kenya

SALISBURY, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01352CERTIFICATE OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY b. COUNTY comico by the and 2 Maryland MARYLAND Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Lelman vears Delmar ages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? Chestnut Street YES NO 3 Chestnut death certificate be executed 3. NAME OF First M.ddle DATE Year complete 72 DECEASED OF (Type or print) DEATH 19 Jan. loth 62 physicia≡ ≡nd co e remove carbo≡ 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months Hours Min. Male Feb.9,1880 WIDOWED IT DIVORCED 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ' 11. BIRTHPLACE (County & State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) Retired Farmer Owner Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME alminding Isaac Wessells Unknown ٦ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) | (If yes give wer or detes of service) Jewel Baker. Delmar. .vone sillned by the 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MERK IMMEDIATE CAUSE (a) the burial-transit burial, cremation **DUE TO** peen Conditions, if any, which (b)_ gava rise to immediate cause **DUE TO** (a), steting the underlying 2: After this certificate has detached for use as the bu causa last. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY CATION PERFORMED? NO CERTIFI 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of mjury in Pert I or Pert II of Item 18.) 2De ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. 19 DIRECTOR: Jan 10 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... 196/... to. saw the deceased 22b. DATE 220. SIGNATUR 62 SIGNED MED STAFF PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Delmar, Md. FUN: FUN: rector, p Sohler 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) S & S Parkslev. Baptist Bur 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE arthur S. Hages

MARYLAND STATE DEPARTMENT OF HEALTH



		1	MARYLAND STATE DEPARTMENT OF HEALTH	
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
ל קום ב		L	01353 CERTIFICATE OF DEATH	01335
afte uner houl	NA)		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institute a. COUNTY	ution: Residence before admission
ours P 2 si	IAI	4_	WICOMIED MARYLAND LA ARYLAND	Wicomico
4 hc			b. CITY OR TOWN (if outside corporate limits, write RUF write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RUF)	(AL and give nearest town)
n 2 Jint es 1	ā	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	I e. IS RESIDENCE
Yithi Sa Sa	,	D		ON A FARM?
te.			NAME OF PIRST PORT AND BOX 3	Day Year
nple nple			OF DEATH JANUARY	30 1962
× S S	1	5	SEX 16 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF U	INDER TYEAR IF UNDER 24 HRS.
and and carb			FEMALE NEGRO WIDOWED DIVORCED 7-8-1931 24 yrs.	
ficat cian ove ever		10a	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) one during most of working life, even if refired)	12. CITIZEN OF WHAT COUNTRY
certi hysi rem any		12	FATHER'S NAME NONE ALABAMA AME 14. MOTHER'S MAIDEN NAME	_U.S.H.
ath ng p		13.		, =
andi and			WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address	<i>u</i>
t the atthe The oval,		[Ye	JAMES WEST, FRuitland	d. And.
sn. sn. y the nit.			18. CAUSE OF DEATH [Enter only one capte per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
vsicition of personal			PART I. DEATH WAS CAUSED BY La sensinated Tupes City Viennatase	2 - 140 _
red pay igne igne nsir			456 X DUE TO	,
law ding ding en s en s en s			Conditions, which (b) gave rise to immediate cause	
The offer s be sur. s be sur. s			(e), stating the underlying DUE TO	
N: or a e ha the I	2	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY
CIA pital ficat as to	7	ATION		YES PERFORMED?
VSI hosp certi use prior		THC	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of item 18.)	
PH the this his for		CERTIFI	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
Rear Hear		MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20s. (City or town) factory, street, office bldg., etc.)	(County) (State)
NDI pined in A deta t. of		W.E.	p.m. 19 at work at work	
Tage To a de			21. I certify that (I) (this hospital) attended the deceased from	, 19 , that (1) (we) far
Per Se			saw the deceased alive on	on the date stated above 225, DATE
OH DITA			Xand Lange M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNE
P 8 =	1		22c. PHYSICIAN'S 22d. ADDRESS	
A P	ı		NAME (Typo) David Gilmore, M.D. DAlisbury Mind	A. A. U. U. M. M. 对场旁边有两面面面
ath ath		23	38. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town of REMOVAL (Specify),	or county) (State)
5 & G : p 7		_	Buela 2-4-62 Knt, CALVARY LEM FIEU, + 14136	a, Kija,
VR A15 (4) 15M 9/6D	0.	24		RAR'S SIGNATURE
ISM FIOD	X		HOENTON BI JOHEN PAISDURY MPALFER 6 '62 1 C	1 S. Warde



For State Health OFPT.

please executions, which was a supported by the function of the supported by the function of the certificate, writing the word "pending" in pending in the function of a should be towarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Sthould be towarded to the function of the function of

IEDICAL EXAMINER: This certificate should be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEAGA

24b, REGISTRAR'S SIGNATURE

i winny & Trace

24a. REC'D BY REGISTRAR I

JAN 1 9 '62

01	354	*	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	
----	-----	---	---------	------------	-------------	----	-------	--

_	01004		1300			
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, if institution	oni Rasidanca before admission)			
1	e. COUNTY	e, STATE b. COUNTY				
1_	Wicomico MARYLAND	Maryland Wi	comico			
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA)	L and give naarest town)			
П	· · · · · · · · · · · · · · · · · · ·	123 0 24 3				
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Saliabury d. STREET ADDRESS	I e. IS RESIDENCE			
1	o. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street address)	d. SIREET ADDRESS	ON A FARM?			
	LOG Gutth St	609 Smith St.	YES NO X			
3	NAME OF Smith St.	Lasi 4. DATE Month	Dey Yaer			
1	DECEASED	OF 11				
	(Type or print) George Clinton	White DEATH 1-15-	62 1962			
5	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED X 8.	. DATE OF BIRTH 9. AGE (In years IF UND	DER 1 YEAR IF UNDER 24 HRS.			
		March 3,1939 lest birthdey Month	Days Hours Min.			
-						
	0e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
	Employee-Shirt Factory	Salisbury, Maryland	USA			
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	***************************************			
Ł,	Donata Theory 1-2 dec 1/2 d to	Curata Tarman Vactor				
1	Benjamin Franklin White	Sussie Joyner Keeter				
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II. Yes, no. or unkown) ((fyasgivawarordalesofservice)	Richard L. Moore (Brother	In Taw)			
Ι,	YES	D.#5 High Banks - Salisb	uny Maryland			
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	D. II J HIER DEHRE - DOLLISD	I INTERVAL SETWEEN			
П	DART I DEATH WAS CALISED BY.		ONSET AND DEATH			
П	IMMEDIATE CAUSE (0) Bullet wound	of chest	Sudden			
П	T I X DUE TO					
П	Conditions, if any, which (b)					
Н	gava rise to immediate cause (b)		-			
П	(e), stetling the undarlying DUE TO					
ш	cause last. (c)					
1 9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN				
18			PERFORMED?			
1	Acute depre	ssion	YES NO .			
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)						
Acute depression 206. EXTERNAL CAUSE WAS PRIMARY (A) or CONTRIBUTING						
1 3			(County) (State)			
MENICAL	Hour e.m. 1-14-62 at work Not While Not While X OV	ory, street, office bldg., etc.)				
Į ž	p.m. I-14502 at work of work A OV	vn home. Salisbury W	Vicomico Md.			
	21. I certify that I took charge of the remains described above, he	old an Autopsy . Inspection X. Inquiry X	, and in my opinion			
П		ide . Homicide . Undetermined manner				
	8 1 1	CHIEF MEDICAL EXAMINER				
	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
		DEPUTY MEDICAL EXAMINER	1-17-62			
2	EXAMINER'S Earl L. Royer, M.D.	-47	T-T1-05			
2	20. BURIAL, CREMATION, ZEB. DATE THEREOF 122. NAME OF CEMETERY OR	Address (Streat, city, town, or county) CREMATORY 22d. LOCATION (City, town, or county)	intry) (State)			
1	REMOVAL (Spacify)		_			
	Burial Jan. 17, 1962 Siloam Cem	netery Siloam, Maryla	na			

ADDRESS

SALISBURY MARYLAND

VS. A15ME

23. FUNERAL DIRECTOR

& YAWOLIOH

COMPANY

TO DEPUT

collocity. . IS 18.15 908 the Edding Post 239 110 34 bu / - , yako bi AND THE SECOND S Company of the control of the contro

in by the funeral es 1 and 2 should after death. The law requires that the death certificate be executed within 24 flours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we death. Page 4 may be retained by the hospital or attending physician. TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-front.

VR A15 (4) 15M 9/60 Carp.

05

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01355
CERTIFICATE OF DEATH

02000							-	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where dace	asad lived, If inst		ca bafora a	dmission)	
mrd d	MARYLAND							
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	Maryland	outside corpora	Wicomi	JRAL end give	nagrast town	n]	
write RURAL and give nearest town)		.0						
Salishury	since 12/29,	A61 / Salis	hurv	OH 195				
d. NAME OF HOSPITAL OR INSTITUTION (IF no	in hospital, giva straet eddrass)	61 Salis					SIDENCE	
						YES T	FARM?	
3. Name & Bluff State Hos	pital	309 Penn	Street				NO K	
3. NAME OF First	Middla	Last	4. DATE	Month	Day	Yaar		
(Time or milet)	UISE WILLEY		DEATH	Januar	v 13	196	2	
		8. DATE OF BIRTH	10	AGE (In yeers IF		IF UNDER		
J. 340	MARRIED NEVER MARRIED	O. DAIL OF BIRTH			onths Days	Hours	Min.	
F W W	IDOWED X DIVORCED	October 27,	1884 7	77 yrs.				
10a. USUAL OCCUPATION (Give kind of work	TOB. KIND OF BUSINESS OR INDUST			reign country)	12. CITIZEN C	OF WHAT C	OUNTRY?	
done during most of working life, evan if retired)	,		-					
Housewife		Dorcheste		Marylar	id U.	S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME					
Chanles Tohnson		Louise	M-lan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17	Drucilla INFORMANT.	TATEL	Address				
(Yas, no, or unkown) (Ifyas give war or datas of sarvice	(e)	r.Charles V	W. W1116	ev (Son)	Home	addr	ess	
_No	219-07-7736 R	ecords of Pi	ne Bluf	f Hospi	tal	abov		
1B. CAUSE OF DEATH (Enter only one cau	se per lina for (a), (b), and (c),]				IN	TERVAL BET		
PART I. DEATH WAS CAUSED BY:						NSET AND D		
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease un							inknown	
DUE TO								
Conditions, if any, which (b)								
gave rise to immadiate causa			*					
(e), stating the underlying DUE TO								
causa last. (c)								
Z PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	19. WAS A	UTOPSY	
PART II. OTHER SIGNIFICANT CONDITION Emphysema 20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						-	RMED?	
5 Emphysema						YES	ио 🕌	
20a, ACCIDENT WAS UNDERLYING 1 20 OR CONTRIBUTING 1 CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURE	D. (Entar natura of injury in P	Part I or Pert II o	itam 18.)				
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
Z 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, : 20f. (City o	r town)	(County)	-	(Stata)	
ZOc. TIME OF INJURY Month, Day, Year Hour e.m.		tory, street, office bldg., atc.		i i i i i i i i i i i i i i i i i i i	(count)	,	,51012)	
¥ p.m. 19	at work et work							
no II amonthis about (1) (abits bessite (1)	-standad the decord for-	30/00/63	10 to	1/17	1960	hat (1) (wa) lar	
21. I certify that (I) (this hospital)								
saw the deceased alive on	./.191904, and tha	t death occured at A.A.	WIND SIGN	the causes ar	d on the d			
22a. SIGNATURE		ATTENDANC	AED.	FTARC		22b.	. DATE SIGNED	
E. R. R.	things		AED.	STAFF PHYS.	1/14/	62	SIGNED	
22c. PHYSICIAN'S	- Caratago	22d. ADDRESS	100					
NAME (Typa)		220, 112211100						
E.P. Ri	chings	Pine Bluf	f Hospi	tal, Sal	isbury	Md.		
230. BURIAL, CREMATION, 236. DATE THEREOL				ION (City, town			ete)	
RFMOVAL (Spacify)		nurch Cemete	WILL D	D # 9	lichus	cy. Md		
Burial Jan. 16, 19							*	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC	D BY REGISTR.	AR 25b, REGIS				
Holleway & P	n Sal Ti	MOC . DATE	A.MH. I. L.	04	Tethur S.	Kares		

many the northwest the sections.

75 NEW 27, 12 THE WAR AND THE TOTAL TO THE

-... to the the common pulsars and the common pulsars and the common pulsars and the common pulsars and the common pulsars are common pulsars.

monaged estrant

many the control of the second of

The distance in the second sec

10 mm

of the state of th

Test, to programme and the state of the stat

- 10 4/4/1/2013_

rollinar + 60 Sale Till